

Henry Holdings Limited

Harrier House Care Home

Inspection report

Hurricane Road
Hucknall
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Ratings

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|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Harrier House is a care home registered to provide accommodation and personal care, including to those living with dementia. The service can support up to 84 people, at the time of our inspection 48 people were living at the home. Harrier House is purpose built and split over three floors with dining and communal areas on each floor. There were large landscaped gardens to the rear of the property and ground floor bedrooms had individual fenced outdoor spaces.

People's experience of using this service and what we found

The service worked in partnership with other organisations and participated in research into music interventions for people with dementia and depression, which supports improvement and developments to best practice and consistent good quality care being delivered.

The service had staff who were 'champions' in different areas of specialised care. This ensured high quality care was always delivered. All the people we spoke with praised the staff for their kindness, respect and quality of care. The service was maintained to an exceptionally high level and people were encouraged to personalise their surrounding and environment. One person living at the home said, "It's fantastic, I'm proud to live here."

People received their medicines safely. Where appropriate people were supported to take their own medicines. Regular audits and competency checks ensured people remained safe. Everyone we spoke with told us they felt safe living at the home and praised the registered manager for the service they received.

Staff were recruited safely and trained to a high standard. There were enough competent staff on shift to ensure people were safe and received good quality care. Staff members told us they were encouraged and given the time to sit and socialise with people to build open and trusting relationships.

The premises were cleaned and maintained to high standard. Staff were knowledgeable about infection prevention control. One staff member said, "It's everyone's responsibility, that's what keeps people safe."

People were treated with respect and their dignity and independence were always supported and encouraged. Activities and clubs were formulated and designed around people's interests. The service employed activity co-ordinators and ensured each floor had a dedicated staff member daily. The home had an activity book with photo memories of activities and outings. Staff took pride in being able to show this to relatives to include them in the experiences.

Staff made sure that people maintained relationships that mattered to them, such as family, community and other social links. People and relatives told us they felt confident to give feedback and raise concerns if needed. End of life care planning was done sensitively, and incorporated people's wishes and beliefs. Care plans were continually reviewed as people's choices and wishes changed.

People told us the service was well led and placed them at the heart of everything. Relatives we spoke with supported this and told us management went above and beyond. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 April 2021 and this is the first inspection.

Why we inspected

This is the first inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harrier House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Harrier House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harrier House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and five relatives of people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, night manager, care assistants, domestic staff, kitchen assistant and maintenance staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from harm, neglect, abuse and discrimination by effective safeguarding policies and procedures.
- Management and staff were knowledgeable about safeguarding and knew people well which enabled risks to be identified early. One staff member said, "Not everyone can tell you if they feel at risk, it's our job to identify this and speak up."
- Concerns were acted on quickly and investigated in an open and honest way meaning people were confident to raise concerns.

Assessing risk, safety monitoring and management

- People and staff were involved in assessing and monitoring risk. This enabled people to make informed decisions allowing people to take positive risks and remain as independent as possible.
- For example, one relative described how their loved one had been supported to mobilise without a walking frame. "This is down to the staff and their patience; they make time every day to support [name] and the progress is fantastic."
- Risk assessments were person centred and reviewed regularly. Information was shared consistently and reliably through daily handover meetings and supervisions. This ensured people remained safe as their needs changed.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- Staff described how they were assigned to a floor consistently to ensure they had the time to build trusting and open relationships with people and their loved ones. A staff member told us, "People living with dementia need consistency, having the same staff makes them feel safe and allows them to be themselves."
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to manage their medicines as they chose.

- The provider supported people to take their own medicines where appropriate. One person said, "I take all my own medicines but it good to know the staff have sight of this, and they order my repeat medicine for me."
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as possible and received their medicine safely.
- On inspection a pharmacy error was identified with timed medicines, specific timing instructions had not been printed on the medicine. The registered manager acted immediately to correct the error and ensured staff were aware of how to check medicines for this at time of receipt.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider was open and transparent about safety.
- Staff knew their responsibilities. They were encouraged to raise concerns and report incidents and near misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice. The service also contributed to the development of best practice and good leadership.
- For example, the service was participating in or with 'Music Interventions for Dementia and Depression in Elderly Care' research. This involved structured organised activities with music and singing with positive results and interaction being observed and recorded.
- The registered manager said, "It's beneficial. To see that one spark in someone to music that wasn't there before makes it all worthwhile. It's incredible to think we can give that to someone or help others achieve the same."
- The service used a comprehensive approach to assess and deliver care. One relative said, "It's the whole package, they know [relative's] emotional needs as well as their physical condition. They support me to. The registered manager's door is always open. I've vented, cried and laughed with the staff, they support the whole family; I can't thank them enough."
- Care plans contained expected outcomes and considered families outcomes in conjunction with care planning. Regular reviews took place and care plans reflected peoples changing needs and wishes.

Staff support: induction, training, skills and experience

- There was proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support.
- Staff told us they were motivated to learn and expand their knowledge and skills. "I want to be a champion in safeguarding and help my colleagues keep people safe. The registered manager provides the support and the opportunity for all this to happen."
- A relative said, "New staff are shown round on interview and introduced to people, it lovely to see and it shows they want people's opinions before they are offered a job, it's very reassuring."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately.
- There was a communal dining room on each floor and people were encouraged and supported to access this. The mealtimes observed were very social occasions and people told us they enjoyed the atmosphere.
- One person said, "This is the one of best meals I've ever eaten." Another commented, "Sometimes you have to wait as people need help, but it usually worth the wait."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a thorough approach to planning and coordinating people's move from other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- One relative told us about their experience with admission to Harrier House. "We knew from our look around that this home was different, and we were right. Nothing was too much trouble, my [relative] said it was more like checking into a hotel than a residential home, because everything had been discussed and set up for our arrival."
- Care plans contained information on referrals to other medical professionals. Assessments were updated with recommendations to ensure people's changing needs continued to be met effectively and in a timely manner.
- Staff were encouraged to make dementia care promises that were reflected in care plans. The ethos of the promises were 'people may forget what you said but they won't forget how you made them feel.' One staff member promised, "To try and see the world from your perspective and understand how that feels." This encouraged staff to reflect on how their actions impacted people and supported staff to consider people's emotional and physical wellbeing
- Staff told us there were 'champions' in different areas of care such as safeguarding and continence care. This meant that staff had received additional training in these areas. "Champions support people and staff, this is how we deliver such good care because we are all a team and always learning."

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment. People were encouraged and supported to decorate their rooms as they wished.
- The service used innovative methods to engage people with their environment. For example, people enjoyed supporting the domestic team with tasks and took pride in their environment. The service provided dusters and clothes in communal areas with dementia friendly signage to encourage this engagement.
- People told us they liked the environment, "I enjoy the pub, Friday is fish and chip night. I don't like to miss it."
- Ground floor rooms had fenced outdoor space which people maintained with support from staff. One relative said, "[Relative] always loved their garden at home and they still get this here. [Relative] has lots of plants and staff help them to look after them it's lovely."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was skilled in how it obtained people's consent for care and treatment, involved people and relatives in decisions and assessed capacity when needed.

- People's care records detailed their mental capacity, and others important in their care and support. Where people lacked mental capacity, best interest decisions were made with the involvement of the appropriate people. We saw examples of this being put into practice.
- One staff member said, "Just because someone doesn't have capacity to make decisions, it doesn't mean you stop asking. We get the time to really get to know people and you understand what's important to them, something as small as choosing their own jumper that day can mean the world to someone."
- Relevant procedures had been followed in relation to DoLS. These were monitored regularly to ensure people did not remain restricted unnecessarily when their needs changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at this service. Care planning fully encompassed the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service.
- All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- The registered manager told us that it was important that people knew they could be themselves within the home and were supported to accept others in the same way.
- The service went above and beyond in supporting people to spend time how they wanted. One resident was a 'dementia buddy'. They had received training in dementia care and supported and encouraged people to engage in activities in the home. "I rally the troops; I make sure people know what happening in the home and that they are included."

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to take an active role in decisions relating to their care.
- Staff knew when people needed their space and privacy and respected this. People who preferred to spend time in their own bedrooms were able to do so, and others who preferred to spend time with others were supported to access communal areas.
- Relatives told us they were involved in all aspects of care planning and were always updated about changes no matter how small. One relative said, "I don't know how they do it, they know me as well as they know my [relative], they know when I need the extra support or things explaining. They take so much time to include me, I will be eternally grateful."

Respecting and promoting people's privacy, dignity and independence

- People had as much choice and control as possible in their lives. People were treated with dignity and respect at all times and without discrimination.
- One person living at the home said, "They go above and beyond, I chose to live here, and they are my family. It's the little things, I never like to use the same towel twice, they always make sure I have a fresh towel as soon as I use mine."
- The service and design of the home ensured there were as many private areas as communal areas where people could be alone or see visitors privately, this promoted and supported people's privacy, dignity and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to them. People had been involved with and agreed to the content of their care plans.
- Reviews of care plans took place regularly. Updates happened when people's needs or wishes changed. Care plans contained the guidance for staff to follow in relation to conditions people were living with. This helped staff identify and act on changes quickly.
- There were very detailed personalised activity plans and brochures displayed within the home. Activities were created around residents' interests and many clubs had formed such as book, gardening and knitting clubs.
- A resident said, "There is always something to do, but if you don't want to do the group things, staff will sit with you and do whatever activity you want, I just like to sit and have a chat with a cuppa."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had a good understanding of the AIS and could explain how they incorporated this, ensuring people had access to information they could understand.
- Care plans contained pictorial graphics to support understanding for people and their relatives to ensure they were accessible to all.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider encouraged people to maintain and develop social relationships. Monthly social events were planned to which people could invite their loved ones.
- Recently the provider had staged a birthday party with a Beatles tribute band as the home had been open for 12 months. People told us they had enjoyed the 'concert'.
- The registered manager described how they were trying to build links with the local community and neighbours to the home had also been invited to attend the party which had been well received.

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns and in an appropriate format for their communication needs.
- There was a complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and communication with relatives.
- One relative said, "I am always asked for my feedback, I got a survey too, I have never needed to complain and I'm not sure how they could improve upon this, it's just so good."

End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. People and their families were asked about their wishes and this was continuously reviewed, sensitively throughout end of life care.
- We witnessed staff seeking professional input and advice for those who were at end of life to ensure they received prompt care and remained comfortable and pain free.
- One person in receipt of end of life care said, "I couldn't ask for anything more from them [staff], they are patient and they really listen."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's visions and values ensured people were at the heart of the service. People said it was well led, and the registered manager was excellent and approachable.
- Staff told us, "This is the best place I have ever worked; I finally have a career where I can progress whilst caring and supporting people which is my passion." Another said, "The registered manager is exceptional. Their door is always open, and we all use it. I know that my opinion matters, I'm valued and if I have a good idea it will be implemented."
- People knew who the registered manager was and told us they were always present around the home. "They come around at least daily, they stop to talk and want to know how I'm feeling. I would be proud to have any of these staff as my daughter or son."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on its duty of candour in an open and honest way.
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people would be informed and actions would be taken to make things right.
- Relatives told us they were always kept up to date with people's wellbeing and changes in their conditions. One relative told us, "I helped write the care plan because I wanted to be that involved, there isn't anything they wouldn't help you with."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had ensured that all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- Staff were promoted from within the home. We saw evidence of the upskilling of the night manager to deputise in the registered manager and deputy managers absence ensuring the service was never at risk of not adhering to their requirements.
- Staff told us there were regular team meetings and daily meetings that kept them up to date. In addition, staff said that management encouraged them to have informal meetings within their teams to promote supportive working.
- Staff stated they received continuous feedback from management and not just at formal supervision. All

staff stated it was constructive and motivational to their daily roles and helped ensure quality care was always delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard, including phone calls, meetings and feedback forms.
- The provider worked in partnership with a local primary school. We saw welcome cards designed and made by the pupils for people who were moving into the home.
- Monthly residents' meetings were held to gain feedback and ideas for improvement. For example, people had requested the food menu be expanded so taster session had been held for people to decide what they would like to add to the menu.
- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and Nurses. This systematic holistic approach to working with other organisations and embedding recommendations into care plans had achieved and improved positive outcomes for people and staff within the service.