

# Harrogate Neighbours Housing Association Limited

## Heath Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Heath Lodge is a residential care home providing personal care for up to 28 older people some of whom were living with dementia. 26 people lived at the service when we inspected.

People lived in an adapted building with a purpose-built extension. There are two parts to the service. The main area where older people live and a small unit where people living with dementia are supported.

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

People and their relatives were positive about the care and support they received at Heath Lodge. People achieved good outcomes in both their health and wellbeing. One person was pleased they had been able to take part in gardening which was a new hobby for them. Another person had been supported to walk more independently. People felt safe and were reassured staff responded when they called for support.

People were supported in a caring and dignified way if they became distressed. Not all staff had training to support them to offer support in a consistent way. This is an area the registered manager agreed to focus on.

Systems around the management of health and safety had improved. A new medicines system was managed safely. More person-centred records around when to administer 'as and when required' medicines were required.

The positive relationship between the provider and registered manager was clear and they worked together to check the service was safe and of good quality. Records of the checks they performed had improved. More detail was still required so they can clearly evidence the progress they make and why they make decisions. This includes completing records following any accidents and incidents which were reviewed.

Work to implement changes during the COVID-19 pandemic was effective and we were overall assured infection prevention and control measures would reduce the likelihood of an outbreak. Staff, people and their relatives were pleased with the support received from the registered manager during the recent difficult times.

People and relatives were very complimentary about the staff team and the care they provided. A relative passed on their thanks and wrote, 'We were touched by the affection our family member showed to you (staff) which was reciprocated in no small measure. During the past few months of lockdown when we were able to make contact only through the conservatory window, it was reassuring to know her emotional and physical wellbeing were in good hands. I'll always remember their smile to the member of staff who was on hand to take them back to the lounge after these visits; it came from the heart - their speech was severely impaired, but the smile spoke volumes about their appreciation.'

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 April 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heath Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Heath Lodge

## 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 Care Act 2014.

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

One inspector visited the service and two inspectors spoke with staff via telephone. An Expert by Experience made calls to people and their relatives. 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

Heath Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This enabled us to assess the risks in relation to COVID-19 pandemic and make plans to speak to people remotely.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, three relatives and one professional about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, deputy manager, senior care worker, care workers and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to implement systems which effectively monitored the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff understood how to keep people safe. Care plans contained information for staff to follow. People felt safe, one person said, "I find the service exceptional the majority of the time. I'm extremely safe."
- People's intake of drinks was monitored where needed. The current care plan system for hydration, did not have a specific assessment in place to fully guide staff. The registered manager approached the care plan developers to have this implemented.
- Where people had accidents, they were recorded, and staff acted to prevent a future occurrence. Records to show the action taken and risk assessments reviewed, were not always completed. The provider worked with the registered manager to review patterns and trends.
- The environment and equipment were managed safely.
- People were supported with kindness and compassion when they were distressed. Care plans were in place to guide staff on how to support a person well. However, staff did not always know people's care plans which could affect the consistency of support. The registered manager agreed to access training and guidance for staff around managing distressed behaviours.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to safeguard people from abuse and how to report and record any concerning incidents.
- Staff promoted people's rights and independence. One person told us, "I am very safe. I love it here. They've helped me a lot. I couldn't walk when I got here, and I can now. It's unbelievable."
- Staff and people were confident the registered manager and provider would listen and act on any concerns. Concerns had been appropriately recorded and reported where needed.

Staffing and recruitment

- People were supported by enough staff to ensure their care was delivered in line with their preferences. One person told us, "I've never had to wait. I've a buzzer on my wall. I've confidence they'll come, like if I have a strange dream."

- The tool the provider used to determine the number of staff they required was not based on research in the care home sector. A new tool was due to be implemented.
- The provider operated a safe recruitment process.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People received their medicines as prescribed and the system was overall, operated safely. Audits and checks had highlighted staff did not always sign when they applied people's creams such as moisturisers. Action had been taken to make improvements.
- Where people were prescribed 'as and when required' medicines, there was guidance in place for staff to follow. However, the guidance did not always contain person centred details about the person's symptoms or for example how they displayed pain. The registered manager agreed to improve the person-centred detail to ensure medicines were administered consistently.

### Preventing and controlling infection

- We were not fully assured that the provider was meeting shielding and social distancing rules. The environment had not been adapted to ensure social distancing between service users in communal areas. We have signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 accessing testing for people using the service and staff.
- 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.



# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to implement systems which effectively monitored the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented a series of audits and meetings to regularly discuss progress and check the quality and safety of the service. This had led to improvements and better oversight by the provider.
- Where the provider had visited and checked the quality of the service, they did not always record their findings or any actions taken. The provider agreed to record the checks they performed along with any outcomes.

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

- People benefited from the person-centred care they received. People had achieved good outcomes. For one person this had led to a reduction in isolation and a greater level of confidence as a result of receiving support from care staff. For another person they had been supported to rehabilitate their mobility.
- Staff were supported, and the culture was positive. The registered manager provided staff with good support. One staff member told us, "The service is definitely well-led. The registered manager is very well respected here. They talk to the residents and they think a lot of them."
- People and their relatives were appreciative of the open and inclusive culture and felt part of their care and support. A relative told us, "I think (registered manager name) is very genuine. They don't try to gloss over problems. When there have been issues with my family member they have phoned up and we've addressed them together. They are always open to email or telephone."
- The registered manager had sourced support for staff as they continued to work under difficult conditions during the COVID-19 pandemic. This included a programme of events to support staff to reflect and talk about their feelings, unwind and discuss how they can build resilience over the coming winter months.

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 and registered manager were open and transparent when things went wrong and looked for learning opportunities to make improvements.

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

- The registered manager had ensured communication had been effective and supportive during the current pandemic. Regular meetings had been held with the people and staff to offer guidance and support. Relatives had also been kept up to date and supported by staff who had kept in touch with them regarding their family members.
- People had been supported during the pandemic to develop their own care plans with the local hospice to ensure their preferences were recorded.
- A relative sent feedback on their positive experience of the leadership during the COVID-19 pandemic. They wrote, 'Despite the increased workload and anxiety you have had to experience during this pandemic, you have gone to great lengths to keep all the residents safe and happy. The quality of care you have given to both my family member and ourselves has never wavered and we are very pleased they were able to call Heath Lodge their home.'