

Leicestershire County Care Limited

Harvey House

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

Harvey House is a residential care home providing accommodation and personal care to up to 44 people. At the time of our inspection there were 40 people using the service.

The service provides support to older people, some of whom are living with dementia, or have mental health needs, physical disabilities, and/or sensory impairment.

The service is also registered to support younger people and people with a learning disability but was not providing support to people in these categories at the time of our inspection. The registered manager said that if they did, proper arrangements would be put in place to ensure people's needs were met.

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

People were happy with the care they received and felt safe at Harvey House. Relatives praised the registered manager and staff and said they would recommend the service with many giving it '10 out of 10' for quality. A relative said, "The [staff] I've met are brilliant, the care is great."

The service had a friendly, calm atmosphere. Staff continually interacted with people and engaged them in activities. A relative said, "The staff are never sitting around, they're always doing something, they speak beautifully to the residents." The service was well-staffed and although staff were busy, they ensured people's care and support needs were met promptly.

The premises were being upgraded at the time of our inspection to ensure the environment was homely and personalised throughout. The registered manager said the service had an on-going refurbishment plan and the provider was committed to ensuring the quality of the premises continued to improve.

Staff followed care plans and risk assessments which were up to date and regularly reviewed. People were supported to take their medicines safely as prescribed and to access healthcare services to monitor and maintain their health and well-being. Staff encouraged people to maintain a healthy diet and if people had specific dietary requirements these were catered for.

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.

Staff and relative spoke highly of the registered manager who they said was approachable, helpful, and kind. A staff member said, "[Registered manager] is the heart of this home. She is 100% committed to our residents and fantastically supportive of the staff."

The operations manager and registered manager monitored all areas of the service to ensure it was running

safely and effectively. People, relatives, and staff were listened to and encouraged to share their views on the service with changes and improvements made where necessary.

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

Rating at last inspection

The last rating for this service was good (published 5 October 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

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.

This was a focused inspection, and the report only covers our findings in relation to the Key Questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Harvey House

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 2 inspectors 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

Harvey 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people using the service. We spoke with the operations manager, registered manager, administrator, and 6 members of the care staff team.

Following our inspection visit our Expert by Experience spoke with 11 relatives by phone to get their views on the service.

We reviewed a range of records. This included 4 people's care records, medicines records, recruitment records, and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff knew how to protect people and how to report any concerns about their well-being.
- Relatives said their family members were safe at Harvey House. A relative told us, "[Person] likes it [at Harvey House], they feel safe." Another relative said, "[Person] is very safe, definitely, it's the staff who put [person] at ease."
- The service had safeguarding systems, processes and practices in place and staff were made aware of these during their induction and training, and in meetings and supervisions.
- Staff worked with the local authority and CQC to ensure safeguarding concerns were reported to the correct agencies and investigated. Managers audited safeguarding incidents and kept accurate records to demonstrate they followed local and national guidance.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. They followed people's care plans and risk assessments to provide safe care and support.
- Some people using the service were at risk of falls. They had aids and adaptations to reduce the risk, for example pressure mats to alert staff if they got up on their own. A relative told us, "I'm happy with their management of [person's] falls."
- Staff understood, prevented, and managed distressed behaviours. They had clear guidance about how people wanted to be supported. They used a person-centred approach to build caring and trusting relationships with people. A relative said, "[Person] is safe because the staff are supportive, it's the way they are with [person], they are very reassuring."
- Some of the people using the service were particularly active, and the corridors and communal areas were busy at times. Staff managed this well, allowing people their independence while simultaneously ensuring they had the support they needed to move safely around the premises.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Call bells were answered promptly. A relative said, "There's always staff around, and the staffing levels are the same at weekends." Another relative told us, "Staff come quite quickly when [person] needs them, five minutes at most."
- The staff team was established, with some of the staff having worked at Harvey House for many years. They were loyal to the service and to the people they supported. A staff member said, "We're like a big family here."

- Managers used an accredited 'dependency tool' to calculate staffing levels at the service. This was completed daily to calculate the number of staff required to safely meet each person's needs. The staff team had the right mix of skills, competencies, qualifications, experience and knowledge, to provide appropriate levels of care and support.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks were carried out when appointing staff to ensure they were suitable to work with people using care service. 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 were supported to receive their medicines safely. A relative said, "[Person's] medication care is good. They ask [person] to confirm the right number of pills to involve them." This was a good practice example of staff supporting a person to maintain some control over their medicines.
- Medicines were stored securely and at the correct temperature to ensure they remained effective. They were administered by trained senior staff.
- People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, medicines for distressed behaviour were used sparingly and then, as staff got to know people, not at all as they were able to use reassurance instead.
- We observed part of a medicines round in one of the dining areas. The member of staff wore a 'do not disturb' tabard so they were not interrupted. They followed safe handling of medicines policies and procedures to ensure people had their medicines as prescribed with records kept.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. At a recent local authority infection prevention and control (IPC) inspection the service received a 'good' score, and the IPC team commended the staff for this.
- Most relatives were satisfied with the cleanliness of the premises. A relative said, "I've been pleasantly surprised when I do the sniff test in the home, it's always clean."
- Some areas of the premises needed further improvement. For example, two ground floor toilets and an upstairs bedroom needed attention due to damage to fittings, fixtures and paintwork. This made cleaning difficult. The registered manager had recorded these issues and they were part of the service's on-going refurbishment plan.
- Staff were trained in infection prevention and control and had checks to ensure they were competent in hand hygiene and using personal protective equipment. Domestic staff followed cleaning schedules to ensure all areas of the premises were regularly cleaned.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. The registered manager and operations manager gave us examples of how the service had been improved following incidents when things hadn't gone to plan.
- The operations manager issued memos to ensure all staff were aware of learning from negative incidents and the steps they could take to prevent a similar incident occurring.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act and, where needed, appropriate legal authorisations were in place if people needed to be deprived of their liberty to keep them safe.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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

- The provider had a clear management structure and monitored the quality of care to drive improvements in service delivery. Since our last inspection, the provider has improved parts of the premises after audits identified work was required to ensure they were safe and fit for purpose.
- Improvements included new windows on the ground floor and redecorated corridors featuring contrast paintwork making it easier for people to identify the doors of bedrooms and communal areas. Relatives welcomed the improvements but said the premises could be more homely as it was 'a bit shabby' and 'needs a bit of TLC and a lick of paint'.
- Some areas of the service still needed redecoration due to wear and tear including damaged paintwork. The operations manager and registered manager had identified these shortfalls and further redecoration work was in progress. The provider was visiting the service to see what else needed to be done.
- Managers completed a range of daily, weekly, and monthly audits to check all areas of the service were running safely and effectively. The provider's 'best practice' team oversaw quality at the service, carried out in-house inspections, and supported the registered manager to continually improve the service.

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

- There was a positive and open culture at the service. People, relatives, and staff said the atmosphere was happy and relaxed. A relative said, "When we go in everybody is looked after. It's a nice environment, the staff are smiley, and I've never seen anyone upset."
- Staff were caring and kind and put the people using the service first. For example, during our inspection, a care worker chose to delay their lunch break as they were wanted to finish styling a person's hair.
- The registered manager engaged with people, relatives, and staff, listening to them, and involving them in decisions about the service. A relative said, "[Registered manager] is very approachable. When I raise anything, they do sort it out."
- Staff feedback on the registered manager was overwhelmingly positive. Staff said the registered manager led by example, was passionate about the service, and inspired the feeling of community within it. A staff member told us, "[Registered manager] is always fair, supportive, responsive, and genuine."

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 their responsibilities under the duty of candour, that is their duty to be honest,

open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The registered manager notified CQC, and where appropriate the local authority of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of the service and staff fully understood and considered their protected characteristics. A relative told us, "They had a residents meeting recently and asked what could be improved, [person] enjoyed it." Staff were trained in equality and diversity and understood the importance of meeting people's individual needs.
- The service's activities co-ordinator arranged group and individual activities for people including arts and crafts and visits to local coffee mornings and cafes. Everybody who wanted to had a takeaway from a local fish and chip shop once a week. Each person had a photographic journal so they could show relative and friends what they'd been doing at the service.
- Relatives felt involved in the service and made welcome when they visited. A relative said, "I go into the office regularly. They [staff] always answer my questions and [registered manger] is quite available and more than helpful." Another relative told us. "I have done a survey, they have made small changes as a result."
- Staff had regular supervisions and meetings where they could raise issues and discuss their work at the service. They also had access to a 24 hour employee assistance programme which provided confidential advice and counselling on request.

Continuous learning and improving care

- There was a learning culture at the service which improved the care people received. Staff completed a wide range of training courses to keep their skills and knowledge up to date.
- A falls monitoring system had been introduced and the operations manager was using this to plan future staffing levels and deployment. This was to ensure there were enough staff on duty during busy times at the service.
- The registered manager and operations manager were aware of CQC's new single assessment framework which is being rolled out to all providers in England and had begun to incorporate this into their quality assurance system.

Working in partnership with others

- The provider worked in partnership with others. Relatives said staff referred people to health care professionals if they were unwell. A relative said, "They [staff] interact with outside people who come in very well, it runs very smoothly."
- Records showed a range of health and social care professionals visited the service including GPs, district nurses, speech and language therapists, and mental health workers.