

Care UK Community Partnerships Ltd

Harrier Lodge

Inspection report

Thanet Way
Whitstable
Kent
CT5 3FS

Tel: 01227931810

Website: www.careuk.com/care-homes/harrier-lodge-whitstable

Date of inspection visit:
07 October 2020

Date of publication:
16 November 2020

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

Harrier Lodge is registered to provide nursing and residential care for 65 older people. At the time of this inspection there were 42 people living in the service.

Harrier Lodge has four units: Pebble which is a nursing unit for people living with dementia, Oyster for people who have general nursing needs, Driftwood for general residential needs and Seashell for those living with dementia who require residential support.

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

People told us they were safe at the service and well supported by staff. A person said, "The staff are kind here and I like them." A relative said, "My mother is very well cared for. Room cleanliness, monitoring of medication and healthy meals are all excellent."

People were safeguarded from the risk of abuse. Risks to health and safety had been managed and people received safe care and treatment. Medicines were managed safely in line with national guidance. Sufficient staff were deployed and safe recruitment practices were in place. Infection was prevented and controlled. Lessons were learned when things went wrong.

Quality checks monitored and evaluated the service, regulatory requirements were met and good team-working was promoted.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 20 February 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 December 2019. Breaches of legal requirements were found. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve the delivery of safe care and treatment and to monitor the operation 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 that 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 Harrier Lodge on our website at 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Harrier 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 registered 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Harrier Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that they and the registered 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 a short notice period of the inspection to check if the service had active cases of COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

The registered provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who lived in the service and observed some of the care three more people received in communal areas. We spoke with four care staff, the business administrator, the lead quality development manager, operations support manager, registered manager and the clinical lead.

We reviewed the care plans of eight people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at training data, audits and staff allocation records. We also contacted two relatives who gave us their views on 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Assessing risk, safety monitoring and management

At the last inspection there was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not been given clear guidance about how to modify a persons' drinks to reduce the risk of them choking. Staff were not following a reliable system to ensure a person was helped to regularly relieve pressure on their skin to reduce the likelihood of a pressure ulcer developing. Staff had not been given full guidance about how to care for people who had a catheter to directly drain urine from their bladder.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. Staff were correctly following more detailed guidance about modifying some people's drinks and supporting other people to relieve pressure on their skin. People who used a catheter were being safely assisted.

- There were explicit instructions in care plans and in a dietary log about how peoples' drinks were to be modified. This meant that peoples' risk of choking was reduced.
- Repositioning charts were in place and up to date. This meant that people were regularly supported to relieve pressure on their skin.
- Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
- The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.
- People were helped to promote their continence. They were discreetly assisted to use the bathroom and continence promotion aids were quickly changed when necessary. Nurses regularly checked to ensure people had not developed a urinary infection.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Staff had received training and knew what to do if they were concerned a person was at risk. A person said, "I get on with the staff and like to see them around."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding authority and the Care Quality Commission. We saw that documents were completed correctly and investigations were thorough. This helps to ensure the right action is taken to keep people safe.
- Staff had an understanding of abuse; knew how to raise concerns and felt comfortable doing this. They had access to up to date policies through an online portal. Staff knew how to escalate concerns to more senior

managers if necessary.

Staffing and recruitment

- The registered manager had worked out how many nurses and care staff needed to be on duty to meet people's care needs.
- We heard call bells being answered quickly and observed people being regularly checked in their bedrooms and being helped to use the toilet without delay.
- There were enough nurses and care staff on duty. Records showed shifts were being reliably filled and no agency nursing or care staff were being used. A member of staff said, "I think staffing levels are good here". The service had plans in place to cover staff absences.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs and references were obtained. Checks from the Disclosure and Barring Service had been obtained to establish if an applicant had a relevant criminal conviction or included on a barring list due to professional misconduct.

Using medicines safely

- People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in clean, temperature-controlled conditions.
- There were written guidelines about the medicines prescribed for each person. Medicines were administered by nurses, team leaders or senior care workers who had been trained and assessed as competent. Medicines were given in the correct way and at the right time.
- Prescription and administration records were complete and accurate. There were additional guidelines for nurses to follow when administering as-required medicines, for example pain relief. These medicines can be used on a discretionary basis when necessary and according to the individual protocols.
- The clinical lead regularly audited the management of medicines so they were managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.

Learning lessons when things go wrong

- Slips, trips and falls were analysed to see what had gone wrong and what needed to be done about it. An example was identifying the locations and times of day when people had fallen so the causes could be identified.
- When things had gone wrong suitable action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals.
- Practical steps had been taken including people being offered low-rise beds fitted with bed rails and soft mats being placed on the floor. These things reduced the risk of people rolling out of bed and injuring themselves.

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 as Requires Improvement. At this inspection this key question has now improved to Good. This meant peoples' outcomes were consistently good, and peoples' feedback confirmed this.

At the last inspection there was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable quality checks had not been completed to monitor the running of the service. Some paper copies of electronic care plans were not accurate. These shortfalls increased the risk people would not consistently receive safe care and treatment.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. Quality checks had been strengthened to more closely monitor the provision of nursing and personal care. These included regular quality assessments by both the registered manager and the lead quality development manager who was a nurse. There were more robust arrangements to check paper copies of care plans were accurate.

- Paper care plans were updated regularly and checked by the manager or the clinical lead. This meant that if electronic records were unavailable people could still receive personalised safe care and treatment.
- Quality audits were robust and comprehensive and actions taken to address any shortfalls were documented and monitored. Quality assessments were supported by a regional quality development manager.
- People and their relatives considered the service to be well run. A relative said, "The home is well organised without being regimented. The residents come first." A person said, "It's all pretty ship-shape here."

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

- People had been invited to comment on their experience of living in the service. They had been invited to complete surveys and had given feedback to the wellbeing and activities coordinator. The comments were positive. Relatives had also completed feedback surveys showing a high level of satisfaction with the service.
- In response to people's feedback the service makes ongoing changes to the daily menus.
- The provider had corresponded with relatives to update them about how the service was keeping people safe during the COVID-19 pandemic.
- Health and social care professionals had also been invited to comment on the service by speaking with the registered manager and clinical lead.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to staff. There were handover meetings between shifts to update nurses and care staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "The service is well-run, the manager always seems to be around and is easy to talk to."
- The registered manager understood the duty of candour requiring the service to be honest with people and their representatives when things had gone wrong. They had consulted guidance published by the Care Quality Commission (CQC) and there was a system to identify incidents to which the duty of candour applied so a prompt response could be given.
- It is a legal requirement a service's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both in the service and on their website.
- Services providing health and social care to people are required to inform CQC of important events happening in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. This included regularly liaising with healthcare professionals to ensure people received all the medical attention they needed.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from CQC and knew about changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.