

Harley House Care Home Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Harley House Care Home Ltd is a care home providing personal and nursing care to 28 people aged 65 and over and people with a physical disability. At the time of the inspection visit 16 people were using the service.

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

Processes were in place to protect people from avoidable harm and abuse. Staff were trained and aware of their responsibilities in relation to this and knew how to escalate any concerns they identified.

People's safety was promoted. Potential risks to people's safety had been assessed and care plans provided clearer guidance for staff to follow to reduce risks. Care plans and risk assessments were monitored and reviewed regularly. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People received their medicines as prescribed. Further improvements had been made to the management and storage of people's medicines, and staff competency to administer medicine was checked regularly.

The provider continued to follow safe staff recruitment processes. Staff training and support had significantly improved to ensure people received effective care and support. Staff used correct techniques to support people to move safely. There were enough numbers of staff available to provide a timely response to people and provide safe care.

People lived in a well-maintained environment that promoted their safety, wellbeing and independence. Cleanliness, hygiene and infection control practices had been enhanced to ensure a good standard of cleanliness to protect people from the risk of the spread of infection.

People's dietary needs were met and where required, staff supported people to eat and drink in a caring manner. People spoke positively about the quality and choice of meals provided to suit cultural and individual food preferences. People's health care needs were met, and they had access to a range of healthcare support when needed.

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. People's capacity was assessed and any authorisations to deprive people's liberty and best interest decisions were kept under review and monitored.

The provider's quality assurance systems and processes had been reviewed and improved to ensure they were effective and gave the registered manager and the provider a good oversight of the service. Audits and daily visual checks were carried out by the management team, which promoted everyone's safety. The maintenance person was on site daily so any required improvement could be swiftly addressed.

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 6 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up the breach of regulation found at the last inspection of the service on 17 September 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

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 of Safe, Effective and Well-led which contains the requirement.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions 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 Harley House Care Home Ltd 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harley House Care Home Ltd

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

The inspection was carried out by an inspector 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

Harley House Care Home Ltd 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

This inspection was unannounced.

What we did before the inspection

The 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. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a nurse, a laundry staff member who works as a care worker, the chef and the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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. We also spoke with a further four staff by telephone; the deputy manager, maintenance staff, a senior carer and a care worker, by phone.

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

- People felt safe and protected from risk of avoidable harm. People were involved in all decisions made about their care. A person told us the bed mattress was set and monitored by the nurses. This helped to reduce the risk of them developing a pressure sore.
- Improvements had been made to the assessment and monitoring of risks to promote people's safety. Risks assessments had been completed to identify and manage risks to people's health and safety, such as the risk of falling and developing pressure ulcers. Care plans provided guidance for staff to follow, for example, the consistency of drinks and the positioning of the person and the role of staff to support a person at risk of choking.
- Staff were trained to provide safe care and support. They had good knowledge of risks to people and the support they needed to reduce these. We observed a staff member supported a person using a walking frame to move around safely. Staff followed the care plan and used the correct techniques to move a person using a hoist. People who were nursed in bed had the emergency call bell kept within reach so they could call for assistance when needed.
- People's safety was promoted through effective monitoring and maintenance of the environment which included fire, gas, electrical systems and equipment. A maintenance staff member was on site and promptly secured the wobbly bannister we identified. Emergency evacuation plans were in place to ensure people were fully supported in the event the service had to be evacuated.

Using medicines safely

- People received their medicines as prescribed and in a safe. One person said, "[Nurse] looks after my medication and explains what [the medication] is for." A privacy screen was used when a nurse administered a person's medicine in the communal area.
- Improvements were noted in relation to the management of medicines. Nurses' competency had been checked regularly to ensure medicines were administered safely. Safe systems were in place for the ordering, storage and disposal of medicines. Temperatures of the medicine room and trolleys were monitored daily to ensure medicines remained safe and effective when used.
- People's care plans detailed the prescribed medicines, and the level of support they needed. Medicines to be administered on an 'as needed' basis for instance pain relief, was administered safely following clear protocols. These were kept with the medication administration records (MAR) and were completed in full and accurately.
- The medicines policy provided clear guidance about the safe management of medicines. Staff received medical alerts about medicines and medical devices. Regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and the care provided. One person said, "I am not worried or frightened here. When I press the buzzer somebody comes quickly, even at night-time."
- Information about safeguarding and whistle-blowing procedure was no longer displayed for people to refer to. The registered manager had replaced this with information about COVID-19. The procedures were immediately displayed including information about local advocacy services.
- Staff knew where to find the policies and procedures in relation to safeguarding, whistleblowing and health and safety and were trained in these areas. They knew how to raise concerns and were confident the registered manager would act on concerns raised.

Staffing and recruitment

- Everyone told us there were enough staff to support them when needed and our observations confirmed this. A person told us they were able to have a bubble bath when they liked to as staff were available.
- Staffing levels were suitable to keep people safe. The registered manager used a dependency tool to assess people's needs and determine staffing numbers. This was reviewed monthly. A staff member said, "There's more than adequate staff on duty. We have time to spend with people and check on those who prefer to stay in their room." Any unplanned absences had been covered by existing staff and the registered manager. This promoted continuity of care.
- Safe staff recruitment procedures were followed. Robust pre-employment and identity checks were carried out. They included a check with the Disclosure and Barring Service and nurse's professional registration, which helped to support safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Regular cleaning of surfaces and frequent touch points such as door handles and handrails helped to reduce the risk of infection. The registered manager ensured plastic carrier bags were not re-used to transport laundered staff uniforms.
- We were assured the provider was preventing visitors from catching and spreading infections. Outdoor areas and a visitor room had been created with screening. Access from the garden promoted safe visiting whilst observing infection control guidelines correctly.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff used PPE appropriately. Staff knew how to support people who may be isolating with the virus, and told us they had all the PPE, support and guidance to do so effectively when required.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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. People being re-admitted from hospital and any new admissions had been tested and were isolated for a short period to reduce the risk of spreading infections.
- 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

- A system of analysis for incidents, accidents, safeguarding and complaints was in place to enable the registered manager to identify any trends, so action could be taken, such as review of people's care needs and risks to prevent a reoccurrence. Any learning from these events had been shared with staff to promote people's safety.

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.

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's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training and support provided to staff had significantly improved. Records showed training for staff was up to date and covered topics related to health and safety and promoting person-centred care. Staff competencies had been checked regularly.
- A staff member said, "The induction and training is good, I felt more confident once I'd done all the training and [senior carer] checked I was using different equipment correctly." Staff were observed providing effective care. For example, staff used the correct techniques to support people when walking and using a hoist to move a person. Nurses' clinical training and competency was kept up to date.
- Staff were well supported and supervised by the management team. A staff member described supervision as, "It's a chance for me to talk about me and how I'm working, if I want any training, teamwork and if there's any concerns or support I need."

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

- Assessments were completed in line with best practice guidance, for example, using the nutritional, continence and falls risk assessment tools. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs, age and disability. Information about people's health conditions and how the condition impacted on their daily living and the support they needed had been documented.
- People told us they were fully involved in the process to assess their needs and to support a person-centred approach to planning their care. Staff knew people well. A staff member said, "[Name] likes to walk and move from chair to chair; I walk with [them], I know [they] will tire and will want to sit down, so I'm there to help."
- People's wellbeing was promoted, for instance meaningful activities were provided to suit individual interests. Good communication was promoted, for instance, people's hearing aids were checked, and their glasses were cleaned regularly. Some staff were able to communicate in people's first language when this was not English.

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

- Everyone spoke positively about the menu choices, snacks and beverages provided. One person said, "The food is very different from what I am used to but it's very nice."
- The menu displayed was in large print. There was a good choice of meals, and snacks and drinks. Pictorial menus were available to help people choose what they wanted to eat.
- All the meals were served individually and met people's dietary needs, for instance portion sizes and Asian

vegetarian meals. People who needed assistance to eat were supported by staff and provided adapted cutlery to eat and drink independently. People enjoyed their meals and the mealtime experience as they made appreciative comments about the food.

- Care plans provided clear guidance for staff to ensure people had enough to eat and drink. This included any dietary needs, such as different textures and consistency, and the level of support required. Where people were at risks of malnutrition or dehydration their food and drink intake was monitored, so action could be taken. The catering staff were informed when people's dietary needs changed.

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

- People continued to access health care service when needed. There were remote GP surgeries and consultations due to the pandemic. One person told us they were seen by the GP at home. Another person said they were due to attend an outpatient appointment. Everyone we spoke with were confident staff would act quickly if their health was of concern.

- The service worked closely with several health care professionals. Records showed people had been seen by the GP, dietician and social worker and had attended outpatient appointments.

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

- The provider had made improvements to the environment, for instance, easy read and pictorial signage on display helped people to access different areas of the home. The visitor room created in line with government guidance was clean, ventilated and could be accessed from the garden. One person liked to play the piano in the dining area, which created a homely feel and was enjoyed by everyone in the lounge. The registered manager planned to make further improvements to the environment to support people with sensory impairment.

- All areas of the home could be accessed by everyone. The passenger lift was used by people to access bedrooms on the upper floors. Bedrooms were decorated and personalised to reflect things that were important to people. The gardens were easy to access with outdoor seating provided which people used on warmer days.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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).

- The service continued to work within the principles of the MCA. Authorisations to deprive people of their liberty had been made and were kept under review. Staff were trained in this area. A staff member said, "Everyone has capacity to make decisions. I always give them choices, like [name] will choose what they want to wear. I will offer to help them get dressed."

- People told us staff provided care and support with their permission. Records showed decisions made about their care were documented.

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 the provider had failed to fully implement effective quality assurance systems to monitor the quality and safety 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. This key question has now 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

- There was a registered manager in post. They understood their legal responsibilities, they notified the Care Quality Commission (CQC) about events they were required by law and had displayed the last inspection report and rating on their website and within the service.
- There was clear managerial and provider oversight of the service to ensure systems in place were being followed and used to drive improvement at the service. It was clear they both worked well together and had the same vision for the service. People knew who the registered manager was and had confidence in how they managed the service.
- Significant improvements had been made to the provider's quality assurance systems which was used effectively. Regular audits were carried out on all areas of the service, covering the environment, health and safety and the quality of care provided. Records showed swift action had been taken to address any shortfalls found. The infection prevention and control audits had been strengthened in response to the COVID-19 pandemic. Improvements to staff training ensured staff provided safe and effective care and support.
- People's care plans had been reviewed, updated and were presented in a more person-centred way. These took account of individual preferences to ensure staff supported people in a way that promoted their wellbeing and independence.
- The provider's policies, procedures and business continuity plan took account of the pandemic to ensure people continued to receive the care they needed.

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 reported concerns in relation to COVID-19 to people's relatives, the local authority and Public Health England (PHE) in a timely manner to enable appropriate, additional support to be provided if needed.
- The registered manager understood their responsibility under the duty of candour. They had responded to concerns appropriately. Records showed incidents had been shared with people's relatives, which demonstrated openness.

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

- The service had a positive, welcoming and open atmosphere. People appeared relaxed and comfortable to talk with staff and ask for support when needed. A person told us when they felt anxious staff were caring and reassured them that they were safe. Another person told us they were looking forward to hosting a relative's meeting with the registered manager.
- Staff were well supported, received regular supervision and feedback on their performance. They were positive about the improvements made by the registered manager and were confident they would address concerns in line with the provider's procedure. Staff knew how to use the whistleblowing procedures.
- The registered manager praised staff for their continued commitment to providing quality care to people. They had worked alongside staff during the pandemic to keep people safe. A staff member said, "We all work really well and love our residents. [Registered manager] leads by example, she's helpful, supportive and always sharing information so we do the best we can." Another said, "It's been really nice working with [registered manager] who's a nurse, she encourages you to take the lead when supporting a person."

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

- People's views were sought about their care and the running of the service, individually, through quality surveys and residents' meetings. For example, people were consulted about the creation of the visitor room. The results from the latest survey showed high rates of satisfaction.
- The registered manager spoke about the impact on people's mental wellbeing due to lack of physical and social contact with family. The registered manager told us the 'resident of the day' scheme had had a positive impact on people's quality of life and the role of staff. Heads of departments such as the chef and maintenance staff visited the person on their allocated day to discuss if there were any improvements needed. This scheme enabled staff to create a caring environment to promote people's wellbeing.
- Staff told us that communication throughout the service was very good. They felt well supported and said they had opportunities to contribute their views to the running of the service. There were daily handover meetings where staff were updated about changes to people's needs, risks and any health and safety matters.

Working in partnership with others

- The registered manager had kept their knowledge and training up to date and completed additional training in relation to the pandemic.
- The management team continued to work in partnership with health and social care professionals. The local authority had no concerns about the quality of care provided.
- The registered manager had acted on the recommendations made by the Clinical Commissioning Groups (CCG) audit in relation to people's care planning and managing risks.