

Harborne Lane Specialist Care Centre Ltd

Harborne Lane Nursing Home

Inspection report

247 Harborne Lane
Selly Oak
Birmingham
West Midlands
B29 6TG

Tel: 01212581445
Website: www.harbornelane.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harborne Lane Nursing Home (also known as Harborne Lane Specialist Centre) is a care home providing personal and nursing care to 41 people, some living with dementia at the time of the inspection. The service is registered 68 people.

Harborne Lane Nursing Home is a purpose built, specially adapted home across three units over three floors, Birch, Oak and Willow. All rooms are en-suite. One of the units specialises in providing support and care for people living with dementia.

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

Since the last inspection there have been some changes to the management of the service and restructuring of its processes. We found overall there had been an improvement to the systems in place to monitor the quality within the home. However, there was room for further improvement. The feedback we received from families was consistent, happy with the care given, the cleanliness of the service, staff levels and attitude. The common area identified as an improvement was around communications and visibility of the new management team.

People were protected from abuse and relatives we spoke with were assured the home environment was safe for their family members to live in. Staff knew how to report any suspicions of abuse. Risks to people were reviewed every month and supported to remain as safe as possible. On the day of inspection, there were enough staff employed to meet people's needs and there were recruitment procedures in place to check staff were safe to work with people. People were supported to take their medicines in a safe manner. There were no issues with the recording and storage of medicines. We were assured the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19. The home environment was very clean, tidy and no clutter. Incidents and accidents had been reported appropriately and reviewed for any trends to mitigate future risk.

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

The last rating for this service was requires improvement (published 06 February 2020).

Why we inspected

This was a planned inspection based on the previous rating. We undertook a focused inspection to review

the key questions of safe and well-led only.

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 Harborne Lane Specialist Centre 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Harborne Lane Nursing 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 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 team comprised one inspector, a specialist nursing advisor in dementia care and telephone calls were made to relatives by 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

Harborne Lane Nursing Home 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

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. 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided and one visiting professional. We spoke with seven staff including domestic, care and nursing staff, the registered manager, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two 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

Three relatives were contacted by the Expert by Experience to gather their views on the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas, surveys and minutes of resident and staff meetings.

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.

Using medicines safely

- At the last inspection improvement was required to medicine protocols. For example, administering 'as required' medicine, medicines that required crushing and administered directly into people's stomach through a tube and monitoring the application of medicinal skin patches.
- We found at this inspection a great deal of work had been completed around the administration of medicines. All protocols were in place, regularly reviewed, person centred with clear instructions for staff to follow.
- There was no overstocking of medicines.
- Some people required their medicines to be administered covertly. Best interest's decisions had been made and mental capacity assessments completed.
- Medicines and medication administration reports (MARs) had been regularly audited and no errors identified.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On occasion we found some staff were not always wearing their face masks covering their mouth and nose. The registered manager told us after the inspection supervision was held with staff to reiterate the importance of wearing face masks correctly. They also told us they would ensure staff reviewed their COVID-19 awareness training. We were told spot checks had been increased throughout the day to check staff wore their face masks correctly.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The home environment was very clean, no clutter and free from unpleasant odours.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff spoken with knew how to report any suspicions of abuse. One staff member told us, "I would speak with the manager and if they didn't do anything I'd go to the local authority or yourselves (Care Quality Commission)."

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people's safety. We saw assessments were reviewed each month to check if people's needs had changed. One relative said, "[Resident] does have sight loss so they (staff) make sure the room is left with the same layout as [resident] likes to get around on their own but they (staff) do keep an eye on [resident] and go with them if they want to leave their room."
- The assessments were clear and detailed with guidance for staff to follow. One staff member told us, "We can review all the information on residents through this (handheld terminal) it's very good and has everything we need written down, if there is anything that changes we let the senior know."

Staffing and recruitment

- There were mixed views regarding staffing levels. One person told us there were occasions when only two or three night staff would be on duty. However, on reviewing rotas, this could not be verified.
- A staff member explained, "Sometimes we do have to work one short because a carer hasn't turned up and you can't get anyone to come in at short notice." We spoke with the registered manager and they confirmed occasionally, it was difficult to find cover at short notice but this was not often. The rotas we looked at substantiated this to be the case.
- Our observations confirmed at the time of the inspection, there was enough staff on duty to meet people's needs.
- There were recruitment processes in place to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Learning lessons when things go wrong

- Accident and incidents were recorded and analysed by the management team for any patterns or trends. We saw root cause analyses had been completed and action taken to mitigate future risk.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We could not improve the rating for the well-led question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- At the last inspection improvement was required when recording competency checks on staff. At this inspection, we saw there had been an improvement. Staff received supervision and spot checks on staff performance were recorded for learning and development purposes.
- The service had improved their auditing and quality monitoring processes. However, we found on two recruitment records gaps in employment had not been recorded in their interview notes and therefore could not confirm if the gaps had been discussed. The staff members had been in post for a period of time, received supervision and had been exemplary in their work. The registered manager said they would update their interview questions to make sure any gaps in employment would be discussed in future.
- All the feedback we received from relatives was positive. Although they also told us if there was one element of the service they would like to improve it was how the management team communicated with them. One relative told us, "The one issue I have is communication. We had no information about the new manager, no introduction and no newsletters since the new manager started." We discussed this with the registered manager and nominated individual. They confirmed a message was relayed via the service's social media about a new manager starting at the service. The provider confirmed a newsletter was sent to all relatives in April 2021 introducing the new manager.
- Spot checks on staff had been completed, however they had not always identified staff were wearing their face masks incorrectly. The registered manager told us all the staff have received supervision since the inspection and revised their COVID-19 awareness training.
- The management team demonstrated a good understanding of quality and performance issues. The registered manager told us they were fully supported by the nominated individual in addressing any improvements needed.
- The management team completed regular audits of the service to monitor quality. For example, fire, health and safety, the home environment, care plans and relevant documentation. Any issues identified were recorded and the actions needed to address them.

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

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

- People and relatives we spoke with told us they had not been consistently included in their monthly reviews. However they felt they could approach the care staff and managers if they had any concerns. The registered manager explained they would make sure relatives were notified when their family member would be 'resident of the day' and invited, with consent of the person, to participate in any future reviews.
- We observed staff asking people what they needed, if they were comfortable and whether they needed help.
- People's individual needs, preferences, likes and dislikes were clearly recorded within the care plans that were detailed and person centred.
- We observed staff offering support in a kind and patient manner. One person told us, "I can't complain about the staff, they are very good to me." Another person said, "[Staff name] is excellent, nothing is too much trouble for them."
- Staff received supervision, attended team meetings and received updates on any changes to people's needs via handovers.

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 was open and honest when things went wrong. For example, complaints were followed up with appropriate actions, explanations and apologies when required.
- Notifications had been submitted to the CQC as legally required to do so.
- The service's CQC ratings were clearly displayed and available on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The registered manager and staff understood the importance and benefits of working alongside other professionals.
- Feedback from a visiting healthcare professional during the inspection was positive. They told us, "The home has improved a lot over the years, it is much better. The staff follow any guidance you give them and are quick to call us if there are any changes in people's needs."