

Harpwood House Limited

Harpwood Care Home

Inspection report

Seven Mile Lane
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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

Harpwood Care Home is a residential care home providing accommodation and personal care for up to 50 people. The service provides support to older people with frailty and those living with dementia. At the time of our inspection there were 39 people using the service. The accommodation is arranged across two floors with lift access to the upper floor.

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

People told us they felt safe and were happy living in Harpwood Care Home and described the staff as kind and gentle. One person said, "I do like it here." Another person said, "They are always kind to me." Relatives agreed that their loved ones were safe and happy. One relative said, "The home is a bit outdated, but for me it's all about the carers, they are fantastic."

People received safe care and treatment from staff who knew them well. Medicines and infection control were both managed safely, and lessons were learned when things went wrong.

The provider had robust quality assurance processes to monitor the service, and regular audits were undertaken, for example in infection control and medicines. Staff had received appropriate training and supervision. People, relatives and staff had been asked for feedback about the service.

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 good (published 9 August 2019).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harpwood Care Home on our website at www.cqc.org.uk.

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?

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.

Harpwood Care 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 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 two 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

Harpwood Care Home 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. Harpwood Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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. This included details about incidents the provider must notify us about, such as safeguarding concerns or serious injuries. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who were living in the service and nine relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, deputy manager, care staff, housekeeping, chef, activity staff and the compliance manager. We reviewed a range of records. This included six peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed, such as policies, recruitment records, training data, audits, monitoring data, quality reports, meeting notes, newsletters and safety checks.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People and their relatives told us they felt safe living in Harpwood Care Home. One person said, "It's a very nice place." Another person said, "Yes, they are very kind, you can ask them anything." A relative said, "I could not wish for a better place, the carers are amazing." Another relative said, "I cannot say a bad word about it, they managed extremely well during the pandemic."

Assessing risk, safety monitoring and management

- Care plans and risk assessments were clear, comprehensive and up to date. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain. Risk assessments contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. Risk assessments relating to health conditions such as diabetes or epilepsy had details around signs, symptoms and actions for staff to take to minimise risk.
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly. Staff showed excellent knowledge of the people they were supporting. A relative told us, "The staff are relaxed, personable and very helpful."
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "They phone me with any problems at all." Risk assessments were updated following any incidents or accidents.
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. There were records of fire evacuation drills which included outcomes, evaluation and any actions.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. The service used a dependency tool, updated monthly, which helped the registered manager to calculate the number of staff needed. Rotas showed that planned shifts were filled. Call bells were answered quickly, and call bell audits were undertaken regularly. Call bell response times were part of the weekly report on key performance indicators. People and their relatives thought there were enough staff.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This helps providers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately.
- Medicines were administered by staff who had been trained and assessed as competent by a manager. Training and competency records were comprehensive and up to date. Medicines were audited regularly by the compliance manager.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting was unrestricted, although visitors were encouraged to visit in rooms rather than the communal areas. The registered manager had sent information to relatives about arranging visits in the lounge or dining room if this was their preference.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Investigation records were thorough and included actions plans and lessons learned. Investigations were signed off by the registered manager. Actions were taken to prevent reoccurrence, such as low-rise beds, crash mats and reassessments of risks.

- Monthly analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were carried out to identify trends and reduce risks. These reports were shared with staff and were discussed at senior manager meetings where lessons learned, and best practice was shared.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open with good teamwork. People and their relatives agreed. One person said, "It's homely." Some relatives were concerned that the homely feel may be lost when they move to the new building later in the year. We fed this back to the provider; they were aware of this concern and were trying to reassure people.
- One relative described the registered manager as 'extremely professional and knowledgeable'; they had been particularly helpful when their relative first moved into the service. Another relative told us how they were asked for consent before making decisions and how they were kept informed of any changes to their relative's care plan.
- The service had received many 'thank you' letters from grateful relatives. One said they had been 'impressed with the compassion, kindness and high quality of care'. Another had praise for the dignity and respect shown to their relative.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives confirmed that staff contacted them with updates when necessary. For example, one relative told us the registered manager contacted them following an incident involving their relative. They said the registered manager told them about the investigation and outcome; they were happy with the actions taken.

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

- There was a clear management structure and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable. Staff told us Harpwood Care Home was a nice place to work.

- The registered manager met daily with heads of departments and duty managers to ensure that key messages about people were shared in a timely way, for example new dietary requirements or health and safety issues. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. The registered manager shared regular 'bite sized' messages with staff giving information, updates and reminders on a variety of topics, for example, person centred care, teamwork, communication, nutrition and skin care.
- The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and key performance indicators. Audits results and outcomes were reviewed by senior managers. Lessons learned from incidents were shared with the team to minimise the risk of reoccurrence and discussed more widely in senior manager meetings where best practice was also shared.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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

- Staff were invited to regular meetings and encouraged to contribute. Staff told us and records confirmed they had regular supervision meetings. The results of the most recent staff survey (February 2022) were positive; staff said Harpwood Care Home was a friendly place to work with good leadership. Staff said the registered manager encouraged them to do additional training and supported their development.
- People and their relatives were asked their opinions on the service. Results of a recent relatives' survey (March 2022) was generally positive, stating staff were good and knew their relatives well. The registered manager sent regular newsletters to people and their relatives with various updates, for example, new visiting guidance, COVID-19 and activities. The newsletter contained contact details for the management team and other key personnel, including telephone numbers and email addresses.
- Some people told us they couldn't read the newsletter as it was in an unusual format and required a software download. They were frustrated by this. We fed this back to the registered manager who has confirmed that actions will be taken to address this.

Working in partnership with others

- The registered manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams.
- District nurses visited the service twice a day to deal with wounds and injections and the service had a good relationship with the local GP and other professionals, such as dieticians and speech and language therapists.
- The registered manager had recently contacted a dentist with a view to arranging appointments with people using the service. This development was still in progress.