

Radiant Care Limited

Harmony House Nursing Home

Inspection report

Harmony House, 283 Old Shoreham Road
Southwick
Brighton
East Sussex
BN42 4LP

Tel: 01273415630

Website: www.harmonyhouse.uk.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Harmony House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Harmony House Nursing Home accommodates up to 29 older people in an adapted building. At the time of our inspection 26 people were living in the home.

People's experience of using this service:

People told us they felt safe, they were relaxed and familiar with the staff and each other. People were cared for by a consistent staff team who had received appropriate training to carry out their roles.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. Meal times were an important social event in the day for those who chose to eat together.

People received assistance to take their medicines as prescribed and were supported to access health care services.

People received care that was compassionate, respectful and responsive to their individual needs. Care plans were comprehensive, respectful, and reviewed to ensure they reflected people's needs.

People and their relatives knew how to complain and were confident their views would be heard.

No people were receiving end of life care at the time of our inspection visit. The staff were proud of the care they provided at the end of people's lives. The clinical lead had undertaken a comprehensive, accredited training programme run by the local hospice. They used this knowledge to develop end of life care within the home.

The previous registered manager had died unexpectedly, and their loss was felt by the staff, the people and their relatives. The nominated individual had ensured continuity of management and the quality of care people received had not been impacted.

The team shared a clear vision about the quality of care and service they aimed to provide.

More information is in detailed findings below.

Rating at last inspection:

The last inspection was comprehensive. The overall rating was Good (report published in October 2016).

Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Harmony House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Harmony House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Harmony House Nursing Home accommodates up to 29 older people in an adapted building.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager in post had previously been the registered manager at the service and a new manager had been appointed.

Notice of inspection:

The inspection was unannounced, so the provider, manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information, we held about the service and the service provider. The

registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with eight people who used the services and three regular visitors to ask about their experience of the care provided. We spoke with the nominated individual, the manager and six members of staff. We received feedback from a social care professional prior to our inspection and a health professional during our visit. We also observed care practices. Following the inspection, as agreed, we received feedback from a further two visitors and a member of staff.

We reviewed a range of records that included five care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, policies and maintenance checks.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with comments such as, "I feel safe, they are here straight away." And, "I feel safe. They know what they are doing." Relatives shared this view and made comments about the peace of mind they had now their loved one was living in the home.
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for making people safe and reporting concerns. Written guidance, with contact details of external agencies was available and staff knew how to access it.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were in place. These included risks associated with health conditions, falls, skin condition and mobility.
- Risk management plans set out the support people needed to reduce the risks identified. These included actions such as supervision and the completion of monitoring charts. Staff understood these plans and described consistently the measures in place to reduce risks.
- Equipment, such as lifts and hoists were regularly checked by external contractors to ensure their safety.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs. One person said, "You really don't have to wait long." Another person observed that staff had time to talk to them.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- The manager and nominated individual explained their recruitment process remained unchanged since we found them safe at our last inspection.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They give me my tablets when I need them."
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. The home smelled fresh throughout. Relatives commented on the fact that they did not ever notice malodours and how clean the home was kept.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The manager reviewed and analysed information to identify trends and themes with in the home.

Appropriate actions were taken to help reduce future recurrences and professional input was sought as appropriate.

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.

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

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People were asked about their lives and how they wanted to receive care.
- Assessment and screening tools were used to monitor whether people continued to receive effective care.
- The last registered manager had developed and run a learning hub for local services to discuss and share developments in adult social care. Information about good practice was available to staff and shared in meetings.

Staff support: induction, training, skills and experience

- People told us their needs were met and that staff, "are all very good," Two people observed how good the staff were at providing personal care, another reflected on how efficient they were at ensuring you had help when you needed it.
- Staff told us they were well supported with supervision and training. One member of staff reflected on the whole senior team and commented, "They are very supportive and understanding."

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

- People received a healthy and nutritious diet. Feedback from people and visitors to the home was positive and included, "The food is really very good." People told us they could make requests and we saw that individual tastes were catered for.
- People were supported as needed to eat and drink and there were systems in place to ensure any changes to people's eating were picked up and acted on appropriately. We hear that there were plans to introduce moulds to make pureed meals appear more appetising.
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to health services and told us they were confident that they would get medical treatment when they needed it.
- People and relatives reflected on the support people received to maintain their health.

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

- There was a homely feel at Harmony House Nursing Home.
- People were supported to use communal areas of the building. A bar had been created in the lounge and we heard how this provided a focus for pub evenings. The bar had been named in memory of the last

registered manager.

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

- 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 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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- 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 Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty applications had been made and were being processed by the local authority.
- Where DoLS had been authorised, these were monitored, and any conditions were clear on the person's care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were comfortable with the staff that supported them. The staff were friendly, respectful and attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "The people here are wonderful."
- People and relatives told us the staff were "thoughtful", "kind", "gentle" and "lovely". People also reflected on the humour they shared with staff. They appreciated that they could laugh with the staff who supported them.
- Staff supported people in a kind, calm way. They responded to requests respectfully and followed them up immediately when they could.

Supporting people to express their views and be involved in making decisions about their care

- Some people needed support to make some decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these. They also observed how they sought to understand what people wanted and were able to respect this.
- Staff told us how they encouraged people to make decisions and determine how they lived their life. People were offered choices about where they spent their time and staff explained how they responded if people did not want support.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people; speaking respectfully and being attentive to people's wishes. Relatives and people told us that they only ever heard and saw respectful interactions.
- One person described how moving into the home had enhanced their dignity as they were well cared for and respected.
- People and staff reflected on what dignity meant to them and this information was used to support care practices in the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Visitors to the home told us they were encouraged to make their views known and they, alongside their loved one, were involved in discussions about care. Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them and relatives told us that they were confident in the care their loved one's received.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and updates on the computerised care record system.
- People spent the day in the communal areas or their rooms. They told us that they had plenty to do. One person told us: "We have music come in and we play games." Staff dedicated to supporting people with activities worked most days, care staff also had time to spend with people chatting. The people who chose to spend their time in their rooms were visited regularly by staff. We heard about a trip out to Brighton Pier for fish and chips. This had been a success and there were plans to make more trips as the weather improved.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. Care plans reflected what was known about how people communicated and this was shared with visiting professionals.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise concerns and this meant that small grumbles were addressed as they arose. The manager, nominated individual and staff had good relationships with people and their visitors. They actively and regularly engaged with people and their relatives, and asked how they were.
- Where complaints had been made these had been addressed robustly.

End of life care and support

- The whole team reflected their commitment to ensuring high quality end of life care. This was identified in the PIR. The clinical lead nurse had taken part in a comprehensive accredited training programme with the local hospice. They were able to identify how this learning translated into their role as an end of life champion within the home and the care people received at this time of their lives.
- The staff team had received compliments from relatives about the support they provided at the end of their loved one's lives.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and good outcomes for people

- The nominated individual, manager and the staff team had a strong commitment to learning and making improvements to the service people received.
- People who used the service and relatives all spoke highly of the manager and the team. The home had been through a difficult period following the death of the registered manager. Relatives, the provider, staff and people had held the registered manager in high regard and reflected on the loss they experienced. The previous registered manager had returned to support the home during this time. The standard of care people received had not been negatively impacted during this time.
- Relatives and people told us the staff were well managed. Feedback reflected the fact that all staff listened to them and acted on their wishes. We observed this to be the case during our visit with staff being attentive to requests made with words and needs indicated by people's mood and behaviour.
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the manager. They told us, "We are really very well supported." And, "The manager and owner really listen to us."

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

- The manager, whilst interim, shared the provider and previous registered manager's vision of a homely environment where people received high quality care that reflected their individual preferences. This vision was understood by the staff. Staff were committed to learning and implementing their knowledge to ensure people had the best experience possible.
- The manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service. They explained why they had not made one notification and the nominated individual assured us that measures would be in place to ensure that similar situations would be notified appropriately.
- Policies and standard operating procedures were reviewed regularly and provided clear guidance and direction for staff.
- Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
- Regular audits were undertaken that included medicines and health and safety checks.

Engaging and involving people using the service, the public and staff.

- The management team actively encouraged communication amongst everyone who lived in, worked in,

and visited the home.

- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments. We saw that actions had been identified from a recent meeting for people who lived in the home.
- Staff felt valued and confident their views and feedback were listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The manager and staff team had developed good working relationships with external professionals. We received positive feedback that reflected confidence in the capability and commitment of the whole staff team.
- The previous registered manager had been proactive in developing a provider forum. The nominated individual developed their knowledge and implemented new systems within the home to improve the quality of care people experienced. They had introduced an electronic care documenting and recording system and were using this to improve care quality and the oversight of people's experiences.