Care Concern Andover Limited

Harrier Grange

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 25 and 27 June 2018 and was unannounced.

This is the first inspection at Harrier Grange following the provider's registration with the Care Quality Commission (CQC) on 1 March 2017.

Harrier Grange is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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.

Harrier Grange is registered to provide care and accommodation for up to 66 people who require nursing or personal care. The home specialises in dementia care. Accommodation within the home is situated on three floors with a passenger lift providing access to the upper floors. The home provides communal areas with lounges and dining rooms available on each floor. Car parking spaces are available to the front of the building and there is a garden at the rear of the property. At the time of our inspection visit there were 29 people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the management team.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

People and their relatives told us they enjoyed the food served which took into account peoples individual dietary needs and preferences.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

There was a range of activities and therapies available to people living at Harrier Grange. People were supported to engage in activities that were important to them.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We have made two recommendations to the provider in relation to;
Providing a secure environment in which to complete daily care notes and to make and receive phone calls relating to peoples care in the Safe section of this report.
The frequency of supporting staff through formal supervision in the Effective section of this report.

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. The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

The provider had an effective recruitment and selection procedure in place.

Medicines were managed in a safe way and they were administered in a caring and supportive manner.

Risk assessments were in place for people and staff to maximise their safety.

Is the service effective?

Good

The service was effective. There was an on-going programme of development to make sure that all staff were up to date with required training subjects.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. Staff fully understood and were aware of people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible.

Is the service responsive?

Good

The service was responsive. Care plans were reviewed regularly to reflect any changes and ensure continuity of people's care and support.

Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided

Systems were in place to deal with any complaints received.

Is the service well-led?

Good

The service is Well Led. Staff, people and relatives told us the registered manager had created a warm, supportive and non-judgemental environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received.

Harrier Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 27 June 2018 and was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor who was a nurse with experience of working with older people and two experts 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.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements. At the time of our inspection the registered manager was on annual leave. The service was being led by the deputy manager.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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.

During the inspection we spoke with 17 people living at the home and four relatives. We also spoke with the deputy manager, the director of care, 12 members of staff and two visiting health care professionals. Following our inspection, we also received written feedback on the provision of care from two health care professionals.

We looked at the provider's records. These included four people's care records, six staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We also pathway tracked four people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People told us they felt safe living at Harrier Grange. One person told us, "I felt totally safe the moment I arrived here, it's why I appreciate being here". Another person said, "I've been here nearly a year. I've had a good life. It's a lovely home, the staff come and go a lot. They're excellent, it's a laugh a minute here. They know what they're doing". A third person added, "I'm very happy and very safe thank you. I used to work in a hospital years ago. All the girls are splendid, nothing's too much trouble and they help in any way they can".

Relatives also had no concerns and were confident their loved ones were safe and well cared for. One relative told us, "When it comes to the aspect of safety it is excellent here. We can leave the home after visiting knowing [relative] is in such good hands and safe". Another relative added, "They're a good team, they write everything down. Actually, we couldn't wish for better staff".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. One member of staff told us, "I'm here to not only care for people but to protect them, so yes I would certainly report any bad practice I saw". Another member of staff told us, "I would have no hesitation whatsoever in reporting a colleague if I felt they acted inappropriately".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

We received mixed feedback from people regarding the number of staff deployed to support people and meet their needs. Most people we spoke with told us staff were 'busy' most of the time but always available if they needed assistance. One person told us, "They come immediately if I use the call bell". Another person

added, "I think there is enough staff. It does get busy at certain times during the day and you may have to wait a little longer than usual but generally they [staff] are very quick when I press my buzzer". A member of staff told us, "It's a lot better than any other place I've worked in. It's well staffed and the building is very spacious". However, one person told us, "There's not enough staff – they could do with some more because they're always busy. If there were more people they'd come quicker". Another person added, "If I ring the bell, sometimes if it's not busy they'll come straightaway but it depends they could be involved with something else". A relative told us, "Sometimes there seems to be a lack of staff about and my relative has to wait to use the loo. It's not all the time but it does happen from time to time".

During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs.

There was a medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet's that were secured to the wall in locked clinical rooms. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in appropriate locked refrigerators and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

Risks to people's health and safety were managed appropriately. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other health care professional's professionals such as Speech and Language Therapists [SALT] and Tissue Viability Nurse [TVN] had been involved in advising on safe practices and equipment required. A health care professional told us, "They diligently follow treatment plans and liaise by email with regular updates and photographs. When managing a number of patients they have followed guidance and recommendations and achieved some excellent results in terms of tissue viability and the patient's wellbeing working in partnership".

There were safe infection control practices in place. The provider had an infection control policy which provided guidance to staff on actions to take to prevent or minimise the spread of infections. The home was clean and free from odour. The domestic team were responsible for maintaining the cleanliness of the home and cleaning products were stored securely. Cleaning equipment such as mops were colour coded to prevent the risk of cross contamination. Staff said they washed their hands regularly and wore personal protective equipment (PPE) to prevent the spread of infection and we observed this at our inspection. Staff had received training in infection control and food hygiene to ensure they had appropriate skills and knowledge in minimise the risk of infection.

Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager responded appropriately and further actions were taken to prevent incidents reoccurring. For example, one person had fallen recently and sustained a minor injury. The deputy manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent

the same thing happening again. Incident and accident records we viewed confirmed this. The deputy manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team.

Records relating to people's care were stored securely in lockable cupboards in the dining room areas of the home when not in use. This was also an area used by staff to write daily care notes and make and receive telephone calls. During our inspection we could hear conversations between care staff and external health care professionals relating to people living at Harrier Grange. Care records and daily notes were at times left insecure on a table when staff were required to support people. Comments from staff included, "There is a problem around not having a nurses' station, we have to write notes here in the dining room when it is noisy, it is difficult to think. Also, if we have phone calls or confidential discussions it is difficult" and "It's not ideal. If we have to respond to an emergency are we expected to waste valuable time locking everything away before we deal with it. If we had an office at least we would only need to close the door". At the end of our inspection we discussed this with the deputy manager and head of care who assured us they would escalate this to senior management. We recommend that the service ensure confidential information and conversations regarding people's health care needs are stored or conducted in a more secure environment.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures. The provider employed a maintenance person who toured the building each day to identify and rectify any issues as they arose.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

Good

Is the service effective?

Our findings

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved in their care and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance. A relative told us their mother often declined personal care. They told us the staff were very skilled and their relatives physical care needs were met with their dignity respected. They added, "She still sometimes refuses to wash or have a bath but the staff are very patient with her and given time she usually agrees to have a wash or bath".

Care plan records showed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. We saw consent forms had been completed with people confirming they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. Records seen were consistent and staff provided support that had been agreed with each person.

Staff had received appropriate training and had the skills they required in order to meet people's needs. Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Training included health and safety, dementia awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. The registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people living at the home.

Support for staff was achieved through individual supervision sessions. Supervision are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. We looked at the providers supervision records and found that most staff had received supervisions in line with the providers policy which states in section 5.6, [Frequency and Timing of Supervision], 'Every member of staff will take part in a supervision session at a frequency determined by [name of registered manager], which could increase if there is a particular employment related need, or if there are unexpected changes in the needs of the service user'. We identified eight members of staff who had been in employment between January 2018 and the day of our inspection had only received one supervision meeting. In answer to the question, 'Do staff have supervision and appraisals on a regular basis?'

as noted in the 'Home Audit' document dated 11 May 2018 the providers Head of Care had commented, 'Partly'- 'Ongoing, deputy has devised a pyramid for supervision and line management to get the other senior staff doing some supervisions'. This was also highlighted in the providers Quality Outcome Review (QOR) dated, 7 November 2017 where it was also noted by the Head of Care that, 'Five members of staff had not received supervision as regularly as required in order to support them properly and needed improving'. The actions set out to address this in the QOR were, 'Going forward plan to meet staff bi-monthly'. We recommend that the service look at current guidance and best practice in relation to the recommended frequency of supervision meetings to enable management to fully support staff.

The Mental Capacity Act 2005 (MCA 2005) 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. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and were able to tell us the times when a best interest decision may be appropriate.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. People were given a choice of meals and drinks. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "The food is pretty good, I eat anything that's put on a plate". Another person told us, "I'm very fussy with my food but if I don't like it I can get something else". A third person added, "The food is excellent, he's a Michelin chef I'm told". A relative told us, "[person] seems to like the food. I've never heard them complain. From what I've seen served, I think it's good". Another relative told us, "The food here is good but also healthy. My mother is very particular about her food and they manage this well. Christmas was amazing with the family here and all joining in".

The chef understood people's preferences and used this to guide them in their menu planning and meal preparation. The chef told us he met with people on admission to go through their likes, dislikes and food dietary needs and preferences. He added, "People have very different needs and I can only meet those needs by speaking with them and getting to know them. I also review the menu regularly with people to identify any particular changes they would like us to make.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The doctor visits regularly to make sure we are all fit and well but if I

feel unwell at any time I can request a visit and he comes to see me". One visiting GP told us, "I make ad-hoc visits as and when needed to undertake for example medicine reviews. The staff here are very good and call me to visit as and when needed". Another visiting GP told us, "Yes I have been here several times. I have never had concerns about the level of care clients receive. I feel I am asked to see patients in a timely manner. I am not aware of any of my patients having to go to hospital because staff ignored symptoms". A health care professional told us, "I facilitated a discharge of a service user from a hospital to Harrier Grange. My last involvement with them was very positive they were very accommodating and adaptive to my service user's needs.

People's individual needs were met by the adaptation, design and decoration of the home. The home had both stairs and lifts to support people access to various floors. The home was well lit and hand rails were available throughout to support people's mobility. People's bedrooms were decorated with their own personal furniture, photographs and ornaments of importance to ensure the environment was suitable to them.

Good

Is the service caring?

Our findings

People were positive about the care they received at Harrier Grange. One person told us, 'I've been here a while now. I've had a good life. It's a lovely home, the staff are excellent. Very caring. It's a laugh a minute here". Another person told us, "I like it here very much. I wouldn't want to move. Everyone is so kind. The Carers are kind". A relative told us, "They're a good team. Actually, we couldn't wish for better staff". Another relative added, "I, and the whole family are thrilled with the care my mother is receiving. It is important to me that not only does my mother receive the right level of care (she needs two to transfer) but the staff are kind and interested. This was an emotional time for me and I have been supported by the staff also. They appreciate that mum is a person and respect her choices, which is very reassuring. They have got on top of mum's skin problems. It is better than it has been for years".

Staff understood the importance of treating people with dignity and respect. For example, one member of staff told us, "It is important to address people how they want to be addressed. Some people, their first name is okay and others like Mr or Mrs or a nickname and we always have to remember that". Throughout our inspection staff were patient with people and gave reassurance to anyone who appeared anxious or confused.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Staff told us they get to know people and their personal preferences. One member of staff told us, "We have people who always have a huge breakfast, juice, cereal, and everything cooked. Then they have less for lunch and only a small supper. That is the way they like to eat and we accommodate that. Another member of staff told us, "We see this as their home rather than our workplace it makes a huge difference. We are here to assist people to live and we need to be flexible in our approach. Some residents like to eat together, so we'll move the tables and people have wine with their lunch if they want it".

People's independence was promoted. Details of things people could do and those that they needed support with were recorded in their care plan. There were instructions in care plans on how staff should continuously promote independence when supporting a person for example with personal care. Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Staff told us they enjoyed working at Harrier Grange and this was apparent in how they supported people and their relatives. Comments included, "I love working here. We all work here for the same reason [which is]

to improve lives. I have worked in a number of care homes and this is by far the best. It was the best decision I ever made to work here", "I treat people as I would want to be treated myself if I was receiving care", "We are person centred in the way we work. We always ask people what they want, what activities they want to do, what they want to wear [and what they want] to eat. Our team has passion" and "At the end of the day I treat the people here like I would want to be treated if I lived here".

Good

Is the service responsive?

Our findings

People had person centred care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People and their relatives told us that they had been involved in developing the care plan. One person said, "My son came in and we reviewed the plans, we changed some things but left much of it the same. I feel very involved". Another person told us, "Yes I am very involved in my care. If something isn't working I speak to the nurse and we discuss it and find a better way that suits me. I'm very happy".

There was information about people's lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

The registered manager or deputy manager chaired a daily meeting at 10am involving the heads of departments and senior nursing and care staff. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs. In addition to this meeting there were handovers between shifts to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

People were encouraged to take part in activities both as part of a group or individually. The activities coordinator had spent time with people collating information about people's life history and interest, with a view to develop the activities and entertainment programme. They told us, "I've been here one year. I love it, it's the most dimensional job I've ever had. The Manager is very efficient and supportive, if something's not gone too well, she'll put me on the right track, I've signed up to NAPA, (National Activity Providers Association) so I get ideas from them. NAPA supports care teams to enable people to live life the way they chose, with life, love and laughter. Activity sheets were made available to people at the beginning of each week and appeared full and varied. Activities included for example, exercise, singing, bread making, musical bingo, painting group, reminiscence games and visiting entertainers. On the first day of our inspection activities included: Zumba with a specialist Zumba teacher coming to the home – a regular Monday morning activity which was attended by 16 people. The Zumba teacher told us, "They thoroughly enjoy it".

Activities also included regular weekly visits from a Pets as Therapy (PAT) dog. The handler was seen visiting people in their rooms and the lounge/dining room with a black spaniel. People told us they enjoyed this experience. "One person said, "I used to have a dog when I lived at home but obviously I couldn't have one living here so it's really nice to see the dog in the home". Another added, "I love to see the dog. He is so friendly and is very well behaved". A health care professional told us, "There are always activities taking place and residents are encouraged to participate".

A local school also made regular visits to the home. During one of the visits the school children brought in

electronic tablets to share their e-portfolios which had all the topics they were learning about at school. The activities co-ordinator told us, "Yes it was a good time for both our residents and the children. There was lots of chat and humour throughout the afternoon and it was good to bring the two generations together. People are looking forward to our next visit at the end of June".

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs.

People were supported at the end of their life to have a comfortable, dignified and pain-free death and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager, things were sorted." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, information in large print, a hearing loop system for people with hearing loss who use a hearing aid and for one person with sight impairment a large picture on their room door to help identify their room. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection however they were on annual leave and the service was being led by the deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the registered manager. One person said, "The manager is marvellous. Everyone knows what is expected." A relative said, "The manager is active, available and approachable." Staff also felt well supported by the registered manager and the deputy manager. One staff member said, "[Name of registered manager] is good, very fair, trusting and listens to you; they encourage you to speak up and is very hands on". Another told us, "I love it here, talking to the residents. I've never had a problem with anyone. I feel supported, if you had a problem you can talk to your colleagues or go to the Management – they're great". A third member of staff told us, "I get really good support from the manager and deputy manager. If I have a problem I can go and talk to them. They are both very supportive".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Feedback regarding the service was available for people to view on a nationally recognised web site. Comments we viewed included, 'My father has been a resident for a few months and I am very pleased with his care. They are getting to know Dad as an individual and encouraging him to walk more, but not pushing too far', 'Both of my parents moved to Harrier Grange in September last year. The care has been exemplary. As a community nurse myself and familiar with a lot of care homes I would thoroughly recommend Harrier Grange', 'The nursing staff have already made improvements to my mum's various skin problems. I am kept well informed of any medical matters and the home also has specialist equipment at hand' and 'Since my mother has been a resident of Harrier Grange she has received fantastic care not only medically but emotionally following the passing of my father. It is extremely pleasing to see how happy my mother is'.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home each month and undertook audits, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. We looked at the minutes for the general staff meeting dated 1 Feb 2018 21

June 2018 and carers meeting minutes for 21 June 2018. Topics included, confidentiality, staff morale, care plans and working better together.

People who lived in the service and their relatives had been engaged and involved in making improvements. Speaking about this a person remarked, "We have residents' meetings but you don't have to wait until then. The manager is always about the place and if I think of something to suggest I just have a word with her and she's fine about it". We looked at minutes of residents and relative's meetings dated 4 September 2017 and 5 January 2018. Records showed that people and their relatives had been invited to meet with the registered manager on a number of occasions. This had been done so that people had the opportunity to suggest how the service could be improved.