

Barchester Healthcare Homes Limited

Harton Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Harton Grange is a care home providing personal care to 60 people aged 65 and over at the time of the inspection. The service can support up to 62 people.

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

The provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager.

There was a well-established staff team who had worked at the home for several years. The whole staff team were incredibly enthusiastic and passionate about the services they provided. They were skilled and highly motivated and said they were proud to work at the home and deliver a high quality, caring service. One relative told us, "I think the atmosphere here is magical, I feel very much involved. I can leave here with the knowledge that [Name] is well-cared for."

Highly person-centred care enriched people's lives and led to extremely positive outcomes. A person told us, "Staff are there for you always. I have a better quality of life here." An extensive range of individual activities were available to promote all people's well-being. One person commented, "I have a banter with staff about football." Staff supported people to maintain people's links with family and friends. There were also very positive opportunities to connect with the community, including extensive partnership working with local schools and colleges.

People were extremely well-cared for, relaxed and comfortable. Staff had an excellent understanding of their support needs and their personal preferences. They were exceptionally caring and often went the extra mile to support people to a more fulfilled life. One relative commented, "Staff are outstanding, I'd live here myself. I'm here all the time and it's brilliant. More importantly [Name] is delighted with their home and the care."

There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs and maintain their independence wherever possible. A healthcare professional commented, "I think it is an outstanding home. There are always staff around and the facilities, activities and equipment are excellent."

Feedback about the service from people and relatives was remarkably consistent and exceptionally positive. One relative said, "It's a very good friendly atmosphere here and the manager is fantastic, it's like a community." People, their relatives and staff were confident about approaching the registered manager if they needed to. They were extremely complimentary about the registered manager and the whole workforce.

The service was dedicated to ensuring continuous quality improvement to make a real difference for people.

There was a very strong and effective governance system in place. Processes were in place to manage and respond to complaints and concerns. People and relatives recognised that their views were valued and respected. One person commented, "I do feel listened to." A relative told us, "Management take an interest in you as well as the people who live here."

People's equality and diversity as unique individuals with their own needs was respected by staff. The service was entirely flexible and changes or adaptations were made to meet people's current needs and choices. The building and environment were well-designed to support the needs of people who may live dementia. It was also accessible, light and spacious for the comfort of people.

People and their relatives were involved and supported in decision making. 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 and update

The last rating for this service was good (published 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Harton Grange

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.

Inspection team

One inspector, one assistant inspector and one Expert-by-Experience carried out the inspection. 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

Harton Grange 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 12 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, seven support workers, the activities co-ordinator, the cook and two visiting professionals. 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 five people's care records and four medicine records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people were kept safe at the home. One person said, "I feel safe here. I had a hip operation and couldn't walk but I can walk much better now." A relative told us, "[Name] is safe, they have a buzzer and a safety mat, to let staff know when they are moving around. They socialise now and have a home-made biscuit in the bistro, they feel safe and well."
- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns.
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to reduce the chances of them occurring. One person told us, "I was falling regularly at home, but I've had no falls here."
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge.
- The building was well-maintained. Regular checks took place to ensure people were kept safe.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe support.
- People said there were enough staff. One person commented, "Staff pop in regularly to see I'm okay. I press my buzzer a lot and they come flying in, I do think there are enough staff."
- The provider had adequate checks in place to make sure staff were safely recruited.

Using medicines safely

- People received their medicines safely. Where people were prescribed 'when required' medicines, this was supported by a separate protocol for staff to follow. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Preventing and controlling infection

- The building was clean and there was a very good standard of hygiene. The kitchen hygiene latest rating was grade five. Staff received training in infection control to make them aware of best practice.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents. For example, to reduce the risk of falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interest' decisions where needed.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. Advice was sought from external professionals to ensure support was delivered in line with latest guidance and best practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

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

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. There was a wide range of food available. One person told us, "The food is very good, there's always a choice. The cook does amazing home baking as well."

- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. A person said, "I was a very poor eater at home, but staff have encouraged me to eat, the quality is so good and I have put on weight."
- We observed people enjoying lunch together. They received a positive dining experience.

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

- There were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. A visiting professional commented, "I think it's an outstanding home, with the facilities, activities and equipment. Staff are always around and communication is very good with us."
- Access to regular health services, such as GPs, chiropody and opticians was well-documented. One person told us, "Staff always make sure that you are okay and if not, they want to know why so they can sort it out. They got a doctor immediately for me when I was unwell."

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

- The premises were well-adapted for the needs, comfort and convenience of people living there. The environment was very well-designed and contained a wealth of material to assist people who lived with dementia to keep them engaged. This included appropriate signage to help people move around the building.
- People were supported to personalise their own rooms to ensure they reflected their personal tastes.

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their needs were met. A relative commented, "Staff seem very well-trained, especially about dementia care."
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent.
- Staff received supervision and appraisal and had opportunities for personal development and career progression. A staff member said, "I do feel well-supported and we get loads of training."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The ethos and leadership of the service promoted an exceptionally strong person-centred culture where people were involved and at the heart of the service. Staff used an in-depth awareness of each person to support them very well, both in terms of the care they needed and other things such as details about their families and interests. One person said, "Staff talk to you, get to know your previous life and what you did for a living. They bring you out of yourself, make you feel important and they really care."
- Staff were committed to ensuring people received the best possible support in an exceptionally caring and nurturing environment. They supported people in a very patient and attentive manner. We observed if people became distressed, staff responded immediately and knew how to reduce their anxiety. One person said, "Staff sit and hold my hand and chat to me and cuddle me if I'm getting teary." Staff had developed remarkably positive and caring relationships with people and their relatives. Some relatives continued to visit the home after their family member had died. There was extremely positive feedback from relatives and professionals commending the care provided by staff. One relative told us, "Staff work so hard to make sure everything is in place for people. They are so kind, they are all lovely."
- Due to the compassionate support of staff people flourished and enjoyed an excellent quality of life at the home. There were several examples where staff had gone the 'extra mile' to help ensure people lead a more fulfilled and enjoyable life. For example, a person who had been anxious about bathing had been encouraged to bathe as staff made it relaxing using lights and music. The person told us, "I love all of the staff and I love the bath which has lights and music and lots and lots of bubbles." For another person, a staff member remembered a person's stories where they had talked about a pub and the memories they had from working there. They arranged a birthday surprise for them and on their day off took the person out to the pub where they used to work. The home also made paper money to increase some people's self-esteem, as they believed they worked at the home and they called to the office weekly to collect their wages.

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

- Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. People were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.
- Great care was taken to involve people in all aspects of their care. Where they did not have capacity or ability to verbalise their preferences, staff worked with their relatives and professionals and got to know people's other forms of communication really well. This was clearly evidenced in all care plans.
- Guidance was available in people's care plans which documented how they communicated. This included

information about how people communicated if they were in pain, when they could not tell staff verbally.

- The home promoted the use of electronic aids such as iPads and computers for people to communicate and keep in touch with families and for educational purposes. The home was involved in an iPad engagement project where people were supported to learn and use iPads and apps with school children's support.

Respecting and promoting people's privacy, dignity and independence

- There was a strong culture of empowering people. Independence and autonomy were promoted at all times and this was at the centre of all care and support that people received.

- There were examples of where people had flourished and become more independent. A person now went to get their morning newspaper. For another person a relative told us, "Staff keep [Name] independent, they encourage them to do exercises and get them to dance."

- Staff were very proud of their caring approach towards people. Staff all knew the importance of respecting people's privacy and dignity. Dedicated dignity champions trained staff about promoting people's dignity. People had a choice for the gender of worker to support them with their personal care. One person told us, "Staff keep my dignity. They close the door when I shower and I have the choice of a man or a woman to wash me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service truly enriched people's lives, including for people who lived with dementia, as well as making a significant difference to their family members, by helping people to remain engaged and stimulated and fulfil their wishes. Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved.
- There were many examples of how staff supported people to be fully occupied and engaged in enjoyable activities that were meaningful to the person and improved their quality of life. For example, for people who lived with dementia reminiscence rooms were created and they were supported to bake bread, cake and biscuits.
- There was a wealth of environmental stimulation and activities and stimulation for people who lived with dementia to keep them engaged and orientated. Staff engaged with people as they walked around.
- There was an extensive programme of individual, group activities and engagement with the community. A person commented, "I do dominoes and bingo, I like the singers. There is the ukulele playing in the café so we can sing along, but I please myself if I want to join in." The activities person told us, "We have hens, hold tea dances, do ball games, balloon games, quizzes, sewing classes, flower arranging and we are going to make pottery. We have our café, which brings everyone together."
- The registered manager believed strongly in the benefits to people and children of intergenerational work. There were various projects taking place with people and school children. For example, local history and this was captured through art classes with children and people. Trips out to places of interest were regularly organised. A recent trip had taken place to a colliery museum.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support truly centred around their individual needs and preferences. Their support plans were detailed and included what the person was able to do and how staff should support them. One relative told us, "This home felt just right. As soon as we walked in, we knew staff would have [Name]'s best interests at heart and we could rest easy at night."
- The management team went to great lengths to ensure staff were responsive to people's needs and to ensure they had the information to meet people's needs when they moved into the home. People's potential for achieving a fulfilling life were placed at the heart of care planning and with consistent staff support there had been a very positive impact on people's lives. For example, a person who had been withdrawn and had wanted to stay in bed, with staff support and encouragement had started to get up in the morning and walk around independently.

- Staff had an excellent understanding of each person's life history and knowledge of their needs. This had enabled staff to support people to improve their lives, with excellent results. For example, a person who had previously enjoyed visiting their local social club each night was supported to continue the habit. Staff arranged a taxi and the person enjoyed a drink, a game of bingo and meeting their friends.
- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. One relative told us, "I've seen [Name]'s care plan it was reviewed two months ago."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard. Information was available in a different format, such as pictorial and large print to make it easier to read and understand.
- Information was available in people's care records about how they communicated
- Staff supported people to use computer equipment, such as tablets, to stay in touch with those important to them.

End-of-life care and support

- Several very positive comments had been made by relatives about the compassionate care people received at the end stages of life.
- The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- Advanced care planning took place with people and or their representative when they first moved into the home to find out their wishes of how they wished to be supported at this time.

Improving care quality in response to complaints or concerns

- A complaints procedure was displayed. There had not been any complaints received since the previous inspection although people told us they knew how to raise concerns if needed. There were several compliments and cards of appreciation. These echoed the highly positive feedback we received at inspection.

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. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All people were at the heart of the service. The organisation led by example to create a culture which was incredibly caring and supportive to people and staff. There was a long-established staff team. Several staff said they "loved" coming to work.
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service.
- The organisation operated a staff recognition scheme. Harton Grange and the staff team had been recognised and had won several awards internally within the organisation and also national care awards for the care provided.
- The organisation was committed to protecting people's rights with regard to equality and diversity, including people who live with dementia. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- There was exceptionally positive feedback from all people, relatives and professionals as evidenced throughout the report. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received.

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

- The service was exceptionally well-led.
- There was a busy, vibrant and welcoming atmosphere throughout the home and a camaraderie was observed amongst people, staff and visitors.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- The quality assurance process was highly effective. The governance and improvement agenda were firmly embedded into all areas to improve service provision. It reduced the risk of harm to people and promoted reflective and outstanding practice.

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

- There was consistent strong engagement with people, relatives, staff and external professionals. Action plans were developed which showed the management team and staff were persistently striving for excellence through consultation, research and reflective practice.
- The registered manager recognised the importance of involving people in developing the service, listening

and acting on feedback. A relative commented, "The manager would sort out any problems, they are very approachable. The manager's only concern is the happiness of the people." Various meetings were well-established and everyone was encouraged to take an active role and in the development of service provision.

- There were excellent links with the local community including visits from local schools and churches. People were kept very well-informed about events in the service and initiatives in the community. The home also gave back to the community through charity initiatives.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up-to-date with best practice across the service.

- The provider was passionate about ensuring all staff, regardless of their role, had the opportunity to develop their skills and receive the best training available. Staff were champions and had responsibility for leading on different aspects of care. A relative told us, "Staff are well-trained, they always seem to be doing some training."

- There were several examples of "good news" stories where staff had worked in partnership with other social and health care professionals to ensure people received care appropriate to their needs and to enable them to enjoy a better quality of life.

- The management team had grown their networks with other services, partnership agencies and local businesses. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives.

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 had robust procedures in place regarding reporting and acting and learning from when things went wrong.

- The registered manager was aware of their responsibilities with regard to Duty of Candour. They were open and honest but they had not needed to use the Duty of Candour.