HC-One Oval Limited

Harnham Croft Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Harnham Croft is a care home with nursing and is registered to provide accommodation and support for up to 40 people. People living at the service were mainly older people, living with poor health, or early memory loss. At the time of the inspection there were 31 people living at the service.

People's experience of using this service:
People, relatives and staff told us there were not enough staff to support them. People told us they regularly had to wait for care and support.

Staff also told us there were not enough of them to meet people's needs or carry out their care in accordance with their preferences. The reliance on significant numbers of agency staff had led to some people being supported by staff who were not always familiar with their needs. The management team told us they had recently recruited five new care team members who they hoped would address some of the concerns. They told us they had reviewed the staffing numbers and found them to be sufficient to support people. We have made a recommendation about this.

The service did not have a registered manager in post, although a new manager had been appointed, and we were assured they would be making an application to do so. A temporary or 'turnaround' manager was in post and supporting the service until the new manager had completed their induction.

Management systems had not always been operated effectively to ensure the quality of the service people received. For example, we saw evidence concerns about staffing levels had been raised and assurances had been given the service had acted to resolve this in December 2018. However, this remained the issue on this inspection.

Staff had worked hard to ensure people received personalised support which met their needs and preferences, however due to staffing issues this had not always been successful. People told us staff were kind, and some said they had no concerns about their care. Systems were in place for the management of concerns or complaints, and to respond to incidents and accidents.

There was an understanding of people's rights in relation to Deprivations of Liberty authorisations under the Mental Capacity Act 2005. Some information was updated while we were at the service to ensure restrictions on one person's liberty were better understood and recorded.

Care plans we reviewed were up to date, and reflected people's needs, including risks associated with their healthcare and how to mitigate them. Plans had been drawn up with the involvement of people, or others authorised to act on their behalf. Some people told us they had not received or did not know how to access oral or foot care, and we have made a recommendation about this.

The building had been maintained to a high standard. Because of the needs of some of the people living at the service we found the building would benefit from some additional adaptation to meet the needs of people living with sensory or early memory loss. We have made a recommendation about this.

People received their medicines as prescribed, and systems were in place to safeguard people from abuse. The service responded to any concerns or complaints about people's wellbeing. Recruitment processes had been followed safely.

Staff spoke positively about people and their work at the service, and about the affection they felt for the people they cared for. Formal staff support systems had fallen behind, but it was planned the new manager would put these into place at an early opportunity in line with the organisations expectations. Staff told us they felt able to go to the turnaround manager for advice and support. It was expected they would also be able to ensure people had the correct training in place to meet people's needs.

Activities were available that met people's needs and interests.

Rating at last inspection: The last rating for this service was good (report published 29 April 2017).

Why we inspected:
This inspection was carried out in line with the frequency suggested by their previous rating.

Enforcement – We have identified one breach of regulation in relation to governance in the home as systems and audits were ineffective to identify areas of improvement. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always Effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always Caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always Well led.

Details are in our Well led findings below.

Harnham Croft Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one adult social care inspector.

Service and service type: Harnham Croft is a care home with nursing care provided. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager in post. A turnaround manager was supporting the service until the new manager was at the service. A new manager had been appointed and was on their induction elsewhere on the day of the inspection. The new manager had not yet made an application to be registered with CQC. Registration with CQC means that they and the provider will be 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 and started early in the morning. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:
Prior to the inspection we reviewed the information we held about Harnham Croft and the notifications we had received. A notification is information about important events, which the service is required by law to send us.

The provider was not asked to complete a provider information return (PIR) prior to this inspection, due to

changes in the way CQC is requesting this information. The PIR contains information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with nine people living at the service, four visiting relatives, a regional manager, the turnaround manager, a member of housekeeping staff, the chef, and seven care and nursing staff. We also received additional information via email from the turnaround and regional managers following the inspection.

We looked at the care records for three people in detail and sampled other care plans and records, such as those for medicines administration, audits and the management of risks. We looked at three staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Requires Improvement

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 now deteriorated to Requires Improvement.
This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• We identified concerns over staffing, in particular at weekends. People living at the service, staff and relatives told us they had concerns or had experienced care that fell below expectations because of staffing issues.
• People reported delays at times in waiting for care from between 30 minutes and two hours. Two people and two staff members told us there had been a recent occasion when there had been insufficient staff on duty and everyone had to stay in their rooms. For example, one person told us "We could do with more staff. A couple of times recently we had to stay in our rooms because they were so short of staff. If you ring the bell, they don't come immediately." A relative told us "The other day we had a two hour wait to get (person's name) up to bed after supper. I didn't leave until they came to do it, so I know the time (It was about two weeks ago). Often when we go up the beds not made, so then there's another wait while they do that. The staff are under so much pressure. The other weekend there were only two of them on duty, everyone had to stay in their rooms."
• Another visitor told us They've been short staffed recently, but it seems to be improving. I've been concerned, because there's sometimes no-one about when you come in…It can take a long time for staff to respond to the bell. I know (person's name) would say she has to wait a long time. They might pop in and say they are waiting for a second carer, but I've been with (person's name) waiting sometimes and it's been perhaps half an hour. If the staff don't know (person's name) that can be difficult too, because (person's name) likes things done in a certain way." A person living at the service told us "There aren't enough staff, they work very hard and I feel for them. They're overworked and stretched too far sometimes. I get the help I need, but I have to wait sometimes, and I can't expect otherwise, because there are other people here."
• Staff told us they were disappointed at having to compromise the levels of care they wanted to give people, because there were not enough staff. They told us staff teams, including the new team leader roles, did not always work well together. Staff said that at times they varied who they had to leave until last to get up, as they didn't want to leave the same people waiting each day.
• On the day of the inspection people received care in a timely way. Staff expressed surprise at the numbers of people on duty. We were told the service had been inspecting an internal organisational inspection on the day of our visit, but this was cancelled at the last minute due to our unannounced inspection taking place.
• Prior to the inspection we had received some concerns over staffing levels at the service. The provider had supplied us with information to demonstrate staffing levels at the service met people's needs. However, feedback on this inspection confirmed these concerns.
• We discussed people's feedback with the managers at the inspection. They showed us a staffing tool in use which identified there were enough staff on duty to meet people's needs in a timely way, with staffing ratios

based on the dependency needs of people. Following the inspection the provider told us "Staffing grids clearly indicate dependency levels are considered and the home has rotas in place to evidence it is working above these recommended staffing levels." This included higher levels of qualified nurses than were indicated. They confirmed recent staffing issues had been down to staff leaving, or calling in sick at the last minute, and difficulties in finding agency staff. They told us they had recently recruited five new staff to support the staffing team.
• Staff rotas demonstrated sufficient numbers of staff on duty, however some days there was a significant reliance on agency staff or inexperienced staff to ensure staffing numbers were maintained.
• Staffing issues had been compounded by problems with the call bell system, which had not been working well in the weeks prior to the inspection. This had led to a staff member needing to co-ordinate care using a walkie-talkie system. The call bell system had just been repaired at the time of the inspection.

We recommend the service ensures they review their staffing levels, on a regular basis, including seeking and listening to people's experience of care to assist them in determining the level of staffing needed.

• Recruitment practices were thorough, and pre-employment checks from the Disclosure and Barring Service (police) had been undertaken before new staff started work.

Assessing risk, safety monitoring and management
• Risk assessments were in place to guide staff on how to reduce risks to people from their care. For example, clear plans and protocols were in place to support people living with diabetes or epilepsy and to manage risks associated with these conditions.
• Nurses told us some of the care records were not all up to date and were a work in progress. Those we sampled at random had been reviewed and updated, and nursing staff time had been allocated to update the others.
• Equipment was well maintained and regularly serviced. Regular fire tests and drills were carried out. Systems were in place to assess risks from equipment including bed rails, wheelchairs and pressure mattresses to ensure they were safe, clean and hygienic.

Preventing and controlling infection
• During the inspection we identified a used incontinence product which had been left on the floor in a communal toilet. This was removed quickly. However, bins in place in bathrooms were small and were also being used for handtowels after handwashing. This was a potential risk of cross infection and malodour. The turnaround manager told us they would ensure more hygienic bins were provided for the management of clinical waste.
• People told us they were mainly satisfied with the cleanliness of the service. One person told us they felt standards were low, and another said "The room isn't clean enough. Things like taking away my evening tray doesn't get done unless I ring the bell to ask them…and it would still be there in the morning if I didn't." One visitor told us the cleanliness had improved since the turnaround manager had been in post.
• Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections.
• The laundry area was clean and free from a build-up of items waiting to be laundered. People told us their experience of the laundry was very good, one said "My clothes always come back nicely washed and ironed."

Systems and processes to safeguard people from the risk of abuse;
• People felt safe, and relatives told us they considered their relation was safe from abuse at Harnham Croft. One person told us "I'm 100% safe here, because of the way the staff are, they're very, very good. "and another said "The staff are very patient and helpful. They never say or do anything that makes you feel hopeless or stupid. I feel safe and get on with everyone here."

• Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Information was available on notice boards on how to raise concerns and policies were in place to guide staff on actions to take.

Learning lessons when things go wrong
• Where incidents had occurred, systems identified actions to be taken to prevent a recurrence. Systems were in place for escalating concerns within the organisation, up to Board level if needed, to see learning was shared across the organisation.
• Staff were always supported by registered nurses on duty, and senior staff were on call in case of further advice being needed. Information on emergency management systems was available, and personal evacuation plans were in place for people in the case of a fire.

Using medicines safely
• The service had failed a recent internal medicines audit. This was because there had been an issue with the ordering and availability of medicines. Action had been taken by the service to ensure medicines were available in a timely way in future.
• Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. A visitor said, "I've observed the staff giving (person's name) medicines and they're very good and safe. They never leave them with (person's name) they always check (person's name) has taken them, and they always offer pain relief."
• We looked at the medicines management systems with two agency registered nurses on duty. Clear guidance was available for 'as required' medicines, including pain relief. Some medicines had been prescribed in anticipation of the needs of people believed to be near the end of their life. This was in line with good practice, and the medicines were being stored appropriately.

Requires Improvement

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• Before people came to live at the service, assessments of their needs were carried out. This helped ensure everyone understood their needs could be met before they moved in and were used as the foundation of the person's care plans.
• Policies and procedures reflected best practice guidance. However, people's experience of the effectiveness of staff, staff skills and how they followed their wishes and choices in relation to their care was inconsistent. People said this was due to problems with continuity of staff, and new staff who did not yet know them well.
• One person told us "The staff are pretty good at understanding my needs, they know the things I need help with, such as putting my bra or socks on, and they'll come back to help me." However, another person said, "I tried to tell the staff this morning that I don't like rolling from side to side as it makes me feel sick, but they don't know me because they're new, and they didn't listen to what I said." Another said "The regular staff are very understanding. If there's one thing that could be better it would be using less agency staff, or at least more consistent ones for several weeks, rather than different ones all the time who don't get to know you. The regular staff know how I like things done."
• The turnaround manager said the service had recently recruited new staff, which would be reducing the use of agency staff, and would improve consistency in people's care.
• Relatives said they were kept up to date with any changes or incidents at the service where the person wanted this or if they had legal authority, for example through power of attorney.

Supporting people to live healthier lives, access healthcare services and support
• People were not all clear about receiving healthcare support, or how they would access this. For example, two people told us they needed foot care, hadn't been able to access this yet, and did not know how to do so. One person said "I'm not terribly sure about foot care. I do need it, and I'm hoping someone does it eventually."
• One person had experienced difficulties accessing specialist dental care and another person told us they had been at the service for four years but had not received any dental care.

We recommend the service ensure people each receive an assessment and support to organise regular foot and oral care.

• The service had regular weekly visits by a local GP, and made other calls as needed to respond to concerns

about people's health. This helped ensure people received medical attention in a timely way. Physiotherapy services were provided weekly.
• People told us they received regular optical care from a visiting optician. On the day of the inspection people were receiving flu vaccinations. One person told us "I've just had my flu vaccination which I was told about earlier in the week. I was given a choice about it, and I wanted to have it because it's better than having flu."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Files contained information about people's capacity to consent to care and where areas of consent were not clear, best interest decisions were being made on people's behalf.
• However, recording systems regarding Deprivation of Liberty safeguards and legal conditions associated with these were not clear. One person's records evidenced they had a current DoLS in place. However, the conditions in this legal document were not reflected in the person's care plan and were not being monitored. The service could not be assured staff would be clear about these conditions as a result. This was corrected and included in the person's care plan while we were at the service.
• One person had been involved in discussions with their relative and medical advisors about a treatment decision. The person's views about their care had been respected.

Adapting service, design, decoration to meet people's needs
• Harnham Croft is an adapted building, long established in providing care services. The property is situated in an area close to the centre of Salisbury, with views over the water meadows to the Cathedral. The service had a level access patio to the rear where people could access the garden and views.
• The environment was well maintained and attractively furnished, but not all areas had received adaptation in line with best practice for people living with disabilities. For example, there was poor visual contrast between light coloured walls and door frames. Handrails were also white, which did not highlight them to people with visual difficulties. Bedroom doors were numbered, but with no detail of people's name or other features to help people or visitors find the correct room. No directional guidance was in place.
• An environmental quality audit carried out in September 2019 called "One proud home" had not identified these areas.

We recommend the service undertake an audit of the premises, to ensure they are meeting best practice in environmental design for people living with disabilities.

•People told us they liked their accommodation and their rooms, which they had been able to personalise and adapt as they wished. One told us "I'm happy with my room and the outlook. I was able to bring my bit and pieces, and this armchair…which is very comfortable."
• Adapted bathrooms, mobile hoists, shower rooms and toilet facilities were provided to meet people's needs. Odour control was good, and people had access to a passenger lift to access all floors. Staircases for staff or emergency use were secured via keypads, which would disable if the alarms sounded.

Staff support: Induction, training, skills and experience.
• Staff had received training in moving and positioning people and a handling safely audit had been carried out. However, some people and relatives shared with us concerns about staff skills when supporting them to move. One relative told us for example "They don't always take enough care with hoisting to look after (person's name's) legs" and another said "Some are better than others. They don't always take care with (person's name's) limbs. (Person's name) has a painful foot and will soon let them know if it's not supported. It's mostly new staff, but they're generally good." This told us training may not always have been effective in embedding good practice.
• Formal systems for staff support such as appraisals and supervision sessions had lapsed in recent months, which might have contributed to this. The turnaround manager confirmed he had recognised more supervision of staff was needed 'on the floor', so had put in place team leaders on each shift, to be involved in the direct observation of care.
• Staff told us they felt supported and could go to the turnaround manager at any time. We saw staff approaching senior staff or registered nurses for advice and guidance during the inspection. The turnaround manager had supervision and appraisal systems at the point of implementation by the new manager.
• The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This indicated a percentage score for staff having completed the training and showed not all staff had completed some elements of their training. However, the turnaround manager told us the percentages had been affected by the new staff starting, who were still to complete their induction.
• Staff told us they received the training and support they needed. This included induction training and support, face to face training and online resources.
• Registered nurses were maintaining their Nursing and Midwifery Council PIN numbers to demonstrate their fitness to continuing practicing, and a tracker was in place to monitor this.
• Newly appointed staff were expected to complete the Care Certificate if they did not have previous care experience. The Care Certificate is a nationally recognised course in Induction for care workers.

Supporting people to eat and drink enough to maintain a balanced diet
• People were complimentary about the food they received. The chef could demonstrate how they ensured people received their meals in appropriate textures or fortified meals to meet people's dietary needs. People could, and did, choose to have cooked breakfasts if they wanted.
• Menus were well balanced and contained fresh fruit and vegetables. We sat in on an evening meal, and saw people were offered choices and assistance with eating where this was needed.
• One person said "If I don't like what is on offer I order something else. Yesterday I had sausages…I got them just when I wanted them, and they're very good! My (family member) came to have lunch with me. It was served in the little upstairs dining room and there was no charge." Another person said "The food is excellent, there's plenty of choice. The menu for the week comes around on a Monday and you can choose for the week or just a day ahead."

Requires Improvement

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 outstanding. At this inspection this key question has now deteriorated to requires improvement.
This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
• Whilst staff we saw were caring in their approach, people's care was not always person centred, or in line with people's wishes. This was not reflective of the service being operated in a way that was always caring.
• For example, not everyone could remember being asked if they had been asked about their preferred gender of carer. One person told us "I can't remember if they asked me. I'd rather not have a male carer to wash me. It would be more decent, but I just have to put up with it." Another person told us they had been shocked by being supported by two male staff, who had spoken over them in their own language. They said "I don't know them. They started chatting to each other in their language, and they didn't take any notice of me. That wasn't very nice." This was not respectful of the person's dignity.
• People told us they were able to maintain privacy in their bedrooms, that staff always knocked on their doors and ensured personal care was delivered in private. One person shared their experience of their care, and confirmed it was managed in a dignified way by staff. They said "When I go down for my shower, the towels go down first, and then me. I sit on the stool and wash my front and back, then do my legs and feet. They make sure I'm covered up, and dried off quickly, and make sure the door is locked." Another person said the staff are very good with dignity and respect for privacy."
• We observed people's mealtime experience over both lunch and the evening meal. People's mealtime experience was positive. Tables were nicely laid, with tablecloths, silver service for vegetables and sauces, wine glasses for juice and napkins. People were offered clothes protectors or aprons, and a choice of meals and drinks, including alcoholic drinks if desired.
• Staff who knew people well understood where people wanted to retain their independence, and what they were able to achieve for themselves.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity
• Where people had given feedback, we found the service was not always responding effectively to this. On a notice board in a communal hallway was a list of feedback that had been received and actions taken – "You Said, We Did" dated December 2018. This indicated people had raised concerns over the staffing levels, and that the service had acted to address this. However, this remained a significant concern for people at this inspection in October 2019. We pointed this out to the turnaround manager during the inspection, who took the feedback off the wall.
• People also pointed out instances where their feedback had been respected. For example, one person told us they had raised with the turnaround manager they wanted a dessert fork with their meals, and their sherry had been restored prior to meals.

• None of the people we spoke with could remember having seen their care plans. One visitor told us they had been involved in a formal review, but another told us they were waiting for a review, which had been cancelled three times.
• Care plans we saw included information about people's personal, cultural and religious beliefs where this was known.
• The service respected people's diversity and was open to people of all faiths and belief systems or none. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. We did not identify concerns people were subject to discrimination related to the protected characteristics in this legislation.

Ensuring people are well treated and supported
• We saw evidence of positive relationships in place. People told us staff were kind and caring towards them. People said, "The staff are kind and caring, we have good relationships and they're helpful", "The staff are wonderful, they are so kind and good to everybody. They do a lot for us all and make it feel a home from home" and "The kindness is the main thing, they're so patient, and they don't hesitate to help you."
• A relative told us about how their relation was supported by staff. They said "A carer brings her baby in as it's (person's name) joy to hold the baby, and there are photographs of them together on her wall. It's made (person's name) special. The staff do lots of little things which are caring, such as bringing (person's name) things back from their holidays."
• People's birthday and special events were celebrated, and visitors were made welcome to the service at any time.

Requires Improvement

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. This has deteriorated to requires improvement. This meant people's needs were not always met.

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

• While many people were positive about their care, other people said their care did not always meet their wishes or preferences. For example, one person told us "I need help with a shower and it depends if I can find someone. I ask in advance and try to book it. I prefer one in the evening, so I can get into night wear, ready for bed afterwards, but very often they completely forget. I try to ask at lunchtime and then remind them." A relative said how they felt they needed to visit the home regularly as they needed to ensure their relatives care was safe as they did not feel they could trust staff who did not know them well.
• Some people said they were able to go to bed when they wanted. For example, one person said "I can go up to bed when I want to. The staff are very good at saying would you like this or that, you don't have to do anything you don't want to. However, another relative whose relation needed more support said they had been told the person "has to go upstairs by quarter to four, or will have to wait until after five, whenever they have time."
• Other people told us they were very satisfied with the care and services on offer. For example, one person said, "I've been very happy with the care I get here" and another said "I'm very happy, I've no complaints whatsoever. The staff couldn't do anything better for me, and I couldn't get better attention anywhere else. "
• Plans contained information about people's life history where this was available. These histories are important, especially where the person has memory loss, as they help staff to understand the person in the context of the life they have lived. Where this was in place it was very helpful.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.
• Where people had identified needs, these were being addressed. Information could be made available to people in high contrast print or larger font if desired.
• People's care plans contained information on how people's understanding may be maximised, for example through allowing people additional time to absorb information.
• The service had WIFI, to support people communicating with friends and family via the internet.

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
• People told us they were able to engage in activities as they wanted. People said, "I like the general knowledge quizzes, I'm happy with the amount of activities" and "Most afternoons there is something on."
• People enjoyed the activities on offer, but some felt activities had decreased recently as one of the previous

activities co-ordinators had left. One person said "One to ones for those who can't take part in group activities aren't happening. We used to have a men's club before, and that's gone. They used to go to the pub and that sort of thing. Now we have to organise going out ourselves."

Improving care quality in response to complaints or concerns
• Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure. People told us they would feel free to raise a complaint if they needed to and said how the turnaround manager had increased management visibility in the service. The turnaround manager said they were involved in the 'intentional rounding', which included regular tours of the home throughout the day, making checks on people's wellbeing. People told us they liked seeing them and found them 'popping round the door' to check on them re-assuring. They said "(manager's name) is doing his best to turn things around"
• Records were kept of any investigations and outcomes and were tracked with any serious outcomes being escalated throughout the organisation.

End of life care and support
• People's wishes about the end of their lives were recorded in their care files where these were known. Some people also had a treatment escalation plan, known as a TEP, agreed with their GP in place. This covered what treatment the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life.
• We saw positive feedback about the quality of the service's end of life care, including support to family members.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. This has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.
• The service did not have a registered manager in post, but a new manager had been appointed and was completing their induction elsewhere. The previous manager had left the service to work elsewhere within the organisation.
• There were clear lines of governance within the organisation, including at regional and organisational level. Clear organisational systems were in place with a series of internal audits, policies, procedures and programmes for development. However, these had not always been effectively operated to ensure a quality of care experienced by people at the service. There was a difference between the organisational understanding of the operation of the service and people's experiences, which were not always positive. For example, the organisation could show us a staffing tool which told us the service's staffing hours exceeded those warranted by the numbers and dependency level of people living at the service. However, people's experiences were that they often had to wait for care, or that this was delivered by people unfamiliar with their needs.
• Internal inspections were carried out of the service, the most recent report available being from April 2019. The frequency of these was determined by an internal rating. This had not identified the concerns we found in relation to - infection control, recording systems regarding Deprivation of Liberty safeguards and legal conditions, environmental quality and activities provision.

People were at risk as systems were not effective to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• In other examples we saw immediate action had been taken to address issues when raised. For example, the turnaround manager had received feedback the service was not clean, so had organised an external cleaning company to carry out a full deep clean on the premises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff told us they really enjoyed working with the people living at the service, but that teams did not always work well. For example, the team leader role was not yet consistently understood or supporting staff effectively.
• People were encouraged to express their views about the service at meetings and via an online system in the entrance to the service. Questionnaires were also used, with the feedback analysed and actions taken

fed back to people. We found this had not always been successful. For example, feedback from the organisation in December 2018 was that actions had been taken to improve the service. However, people's experience shared with us was this had not been successful. Some other audits of the service, such as the environmental audit had not identified specific environmental changes to meet the needs of people living with disabilities. This told us quality assurance systems had not always been effective in supporting positive care for people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• The service's management team said the organisation was focussed on providing a high quality and person-centred service for people, recognising their individuality. They had a clear idea of how they wanted the service to operate, with people's views and wishes being fundamental. However, people's experience did not always reflect this.

• We received positive feedback on the changes the turnaround manager had made. People told us they had found them much more visible than the previous manager; they commented on how they liked them coming around and checking on them throughout the day. Staff also told us the turnaround manager had had a positive impact on staff morale and confidence and hoped this would be sustained.

• The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Continuous learning and improving care

• The turnaround manager told us about resources available, both locally and within the organisation to learn and develop services and make improvements. This included local groups for managers to share good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that systems in place to assess, monitor and improve the quality and safety at the service were effective.