

HC-One Oval Limited

The Harefield Care Home

Inspection report

Hill End Road
Harefield
Uxbridge
Middlesex
UB9 6UX

Tel: 01895825750

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

- The Harefield Care Home offers accommodation and personal or nursing care for up to 40 older people, some of whom are living with the experience of dementia. The accommodation is provided in two ground floor units in a purpose-built building. There were 37 people using the service at the time of our inspection.
- The Harefield Care Home is part of HC-One Oval Limited, a large organisation who owns over 300 care homes across the United Kingdom.

People's experience of using the service:

- People were supported by staff who did not always receive training the provider identified as mandatory. The training records confirmed that some training was out of date.
- Staff stated they did not always feel supported by the management. We saw that, although they received supervision, this was not always regular.
- People's records showed that staff did not always use respectful language and did not always demonstrate an understanding about the person's needs. Some staff did not know about a person's individual communication needs although these were recorded in the person's care plan.
- People's records about personal safety checks were not always completed appropriately and as stated in the care plans. These included repositioning charts and pressure mattress checks.
- The provider had systems in place to help ensure people who used the service received quality care and were safe from avoidable harm. However, these were not always effective because they had failed to identify the above shortfalls we found during our inspection.
- There was evidence that people were offered a range of activities and an activity plan was displayed. However, we saw that most people stayed in their room and were not aware of activities on offer because they were not informed.
- Care and support plans were comprehensive and detailed. They contained all the necessary information about the person and how they wanted their care provided. However, they did not always evidence people's involvement in their care.
- Risk assessments were in place. These identified all risks that people faced and included guidelines for staff to follow to help ensure people were safe from harm.
- People's healthcare needs were met because staff took appropriate action when concerns were identified.

- Medicines were safely managed. There were systems for ordering, administering and monitoring medicines. Staff received training in the administration of medicines and had their competencies checked.
- People's end of life wishes were recorded in their care plan. This included their religious and cultural needs and where they wanted to be when they reached the end of their life.
- Recruitment checks were carried out before staff started working for the service and included checks to ensure staff had the relevant previous experience and qualifications.
- People were protected by the provider's arrangements in relation to the prevention and control of infection. The home was clean and staff were provided with protective equipment.
- The environment was homely and bright and was suited to the individual needs of people, such as people living with the experience of dementia.
- The provider acted in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked the capacity to make particular decisions about their care, their mental capacity was assessed. Where necessary, people were being deprived of their liberty lawfully.
- The provider had processes for the recording and investigation of incidents and accidents. We saw that these included actions taken and lessons learned.
- Rating at last inspection: The service was registered in 2017 and had only been inspected once before. At the last inspection the service was rated requires improvement in the key questions of 'safe' and 'well led' and overall (19 and 20 March 2018). During this inspection we found the service had not made the required improvements and remained requires improvement.
- Why we inspected: This was a planned inspection based on the previous rating.
- Improvement action we have told the provider to take: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing, person centred care and good governance. You can see what action we have asked the provider to take at the end of the full report.

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 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?

Good 

The service was 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?

Good 

The service was 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.

The Harefield 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:

Two inspectors, a member of the CQC's medicines team and an expert by experience took part in 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:

The Harefield Care Home 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:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as allegations of abuse. We also sought feedback about the service from the local authority and professionals who work with the service. The registered manager completed a Provider Information Return (PIR). This is a form that asks providers to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with 13 people who used the service and eight friends and relatives, and asked them about their experience of the care provided.

We spoke with the regional quality director, the deputy manager who was the acting manager during the inspection, two nurses, one senior care worker and three care workers. Prior to our inspection, we emailed six healthcare and social care professionals who were involved with the service to ask for their feedback about the service, but did not receive a reply.

We reviewed a range of records. These included seven people's care records, audits and quality assurance reports. We also looked at five staff files in relation to recruitment, supervision and training and reviewed records relating to the management of the home and a sample of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection of 19 and 20 March 2018, we found that aspects of the service were not safe because repairs and areas for improvement identified during monthly checks had not always been actioned in a timely manner to be made good and safe. At this inspection, we found that improvements had been made, but we also found other areas requiring improvement.
- Following our last inspection, the provider sent us an action plan telling us how they would address the shortfalls we identified by October 2018. We saw that improvements had been made including new windows to prevent drafts into people's bedrooms, and new emergency lights being installed.
- We found that risk assessments were carried out for different aspects of care such as the risk of falls, malnutrition, choking, bedrails and the risk of developing pressure sores. Risk assessments were thorough and regularly reviewed. They included the risk, action to be taken to reduce this and support plans for staff to follow to mitigate risk. For example, we saw a risk assessment for a person using a lap strap belt. Control measures were in place to reduce the risk posed by the strap, such as strangulation should the person slip down in their chair. Control measures included constant monitoring by staff. Another person who was at risk of choking had been referred to Speech and Language Therapy (SALT). We saw that instructions included a soft diet and staff were aware of this. We saw evidence the person had not had any choking episodes in the last month. This indicated that staff took appropriate steps to keep people safe from harm.
- The provider had a health and safety policy and procedures, and staff told us they were aware of these. There were processes in place to help ensure a safe environment was provided, including legionella, gas and electrical appliances and fire safety checks. Legionella is a type of organism that lives in water systems, which can cause severe infections. A general risk assessment identified the hazards, who might be harmed and how, what was already in place in terms of control measures, and what further action was necessary.
- There was an up to date fire risk assessment and this was regularly reviewed. The provider undertook fire drills for staff and people who used the service. There were fire instructions and evacuation plans displayed around the service, including in the kitchen and staff were aware of the fire procedure. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place. Fire safety checks were undertaken, and included fire doors and fire extinguishers. We saw evidence that these were up to date.

Staffing and recruitment

- People and relatives' comments about staffing levels varied. One person who used the service told us, "They're grossly understaffed. When you ring your bell you have to be very patient. Only yesterday I wanted to go to the toilet and had to wait a long time." Relatives echoed this and said, "They don't get everything

right. They rely a lot on agency which can be a problem with continuity" and "Sometimes they're very short staffed. Mainly at the weekend." Staff also told us they sometimes struggled to meet people's needs because they were short of staff. One senior staff member stated, "The job can be hard, not enough time to check paper work and review resident records."

- We discussed these concerns with the acting manager who told us they had worked hard to improve this, and had recently employed new staff including nurses, so this meant they had reduced the number of agency staff they used. They added that they had recently appointed three new care workers who were currently on induction training.
- We looked at the rota for the last four weeks, and saw that all shifts were covered and included a full complement of staff including two qualified nurses, two senior care workers and a team of care workers. They added that they had also appointed two new bank nurses who were able to cover the outstanding shifts.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with indicated they felt safe living at the service. Staff received training in safeguarding adults and the training records confirmed this. The provider had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. Most staff were aware of the whistleblowing policy and who to contact if they had concerns about people's care or safety.

Using medicines safely

- We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available and this assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people who used the service. Medicines were stored securely in locked medicines cupboards or trolleys, and immobilised when not in use. Medicines were stored at appropriate temperatures and room temperatures were also recorded on a daily basis.
- People received their medicines as prescribed, including controlled drugs. We looked at the MAR charts for 10 people and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- We found that there were separate charts for people who had patch medicines prescribed to them (such as pain relief patches) and also topical medicines. These were filled out appropriately by staff. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance). Running balances were kept for all medicines which had a variable dose (for example one or two paracetamol) and there was a record of the exact amount given.
- Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the local community pharmacy.

- Controlled Drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff.
- We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw 10 PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.
- Medicines were administered by nurses that had been trained in medicines administration. We saw a member of staff giving medicines to a person and saw they showed a caring attitude.
- The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including safe storage of medicines, fridge temperatures and stock quantities on a monthly basis.
- A recent improvement made by the provider included ensuring that all PRN protocols were up to date and were reviewed on a regular basis. This had been highlighted from a previous audit which had highlighted that not all PRN protocols had been updated. This showed the provider had learned from medicines related incidents to improve practice.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. We saw that the kitchen, toilets, bathrooms and people's bedrooms were kept clean and hazard free. Staff were provided with protective equipment such as gloves and aprons which they wore when supporting people with personal care.

Learning lessons when things go wrong

- The acting manager told us that lessons were learnt when things went wrong. For example, all accidents, incidents and near misses were recorded and included details of 'how these happened' and 'immediate action taken'. The form included an accident and incident review form which the manager completed when they had analysed the circumstances around the incident. Measures were put in place to prevent reoccurrence.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- A senior member of staff told us they had been working at the home for several months, had not received a proper induction, and were expected to work on the floor as soon as they started. They had only just received the password they needed to access online mandatory training so had not yet undertaken all the training. They added they felt unsupported by the management and were unhappy.
- People were supported by staff who did not always receive training the provider identified as mandatory, such as moving and handling, infection control, food safety and safeguarding. We viewed the training matrix and saw evidence that shortfalls had been highlighted in red, when training was late or had expired. Training in subjects specific to the needs of people who used the service was provided to staff, and the training matrix showed that over half of the staff team had not received training in these subjects or were due a refresher. These courses included nutrition and hydration, dignity, dementia and promoting healthy skin. This meant that there was a risk staff may not have the necessary skills to support people safely.
- We discussed the shortfalls around training with the acting manager and the regional quality director, who told us that not all staff attended training when this was offered. However, they admitted that action was needed to ensure all staff received the necessary training. Following the inspection, they sent us evidence they were addressing this issue.
- Staff told us they received supervision from their line manager, however, this was not always regular. We discussed this with the acting manager who acknowledged that this needed to be improved.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. 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.

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

- People, or when necessary, their representatives, were involved in decisions about their care and support. We saw staff asking people's consent before supporting them, and giving people choice.

- Where people lacked capacity to make certain decisions, we saw that mental capacity assessments had been undertaken.

- Where necessary, decisions had been made in the person's best interests and best interests assessments had been undertaken. For example, where a person was being administered their medicines covertly, we saw that a best interests meeting had been carried out and the appropriate authorisation was in place.

- Where people were subjected to a number of restrictions that could have amounted to a deprivation of liberty, applications were made under DoLS for authorisations to deprive them of their liberty. We saw that the acting manager kept a record of DoLS authorisations and monitored when these were due to be reviewed.

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

- People's care and support needs were assessed prior to admission into the home. Pre-admission assessments were comprehensive and included people's likes and dislikes and how they wanted their care provided. This information was used in people's care and support plans.

- Some people told us they were consulted when their care and support were reviewed. One relative said they were involved in decision making and were kept informed of any changes in their family member's condition.

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

- People told us they enjoyed the food they were offered. One person said, "I like my food. It's better than my mother's cooking" and another stated, "The food is very good." A relative agreed and added, "[Family member] likes ice cream and they always make sure they have some."

- We observed lunch in both units and saw that tables were nicely set with tablecloths, decoratively folded serviettes, flowers and condiments. Food was well presented and people were able to eat at their own pace, without being rushed. People eating in their bedrooms were supported with this if necessary, and their meals were taken on a tray and covered. Staff were calm and interacted with people in a gentle manner. We heard one staff member saying, "[Person] I've got your lunch lovely." When the person declined to eat their meal, the staff member said, "Would you like a dessert? Ice cream?" which the person accepted.

- People's weight was monitored monthly along with the malnutrition risk assessment scores which indicated a person's nutritional status and tracked any weight loss or gain. Where concerns about a person's nutritional status was identified, we saw that people were referred to relevant healthcare professionals such as dieticians and the Speech and Language Therapy team (SALT). For example, where a person who used the service was at risk of choking and required a pureed diet, we saw this was provided after they were assessed.

- Kitchen staff were provided with a 'Diet notification form' when a new person was admitted to the home.

This detailed their likes, dislikes and food preferences. These were signed and dated by the staff and chef and we saw they were up to date. The kitchen displayed a list of the people who required special diets such as gluten free and diabetic, and any allergies, so appropriate meals could be prepared to meet people's dietary needs.

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

- Care records showed that people who used the service were supported to access healthcare professionals when this was required. Hospital discharge information was seen in the care records we checked, which indicated that information was shared appropriately when people were transferred from hospital.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and recorded in their care plans and were regularly reviewed. The GP and other healthcare professionals visited regularly and had a good working relationship with the staff. We saw that multi-disciplinary team records were maintained in care records which confirmed that people were supported to access healthcare professionals when this was required. For example, a person who used the service was referred to the SALT team when there were concerns about the risk of choking. Staff used a range of screening tools so they could identify when a person required specialist input. For example they had a nutritional screening tool which was used for people who were at risk of poor nutritional status. This was recorded and evaluated, and where concerns were highlighted, action was taken such as a referral to the GP or other relevant healthcare professional.

- One person had a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is passed into a person's stomach during a surgical procedure to provide a means of feeding when oral intake is not adequate. We saw that the dietitian had provided training to ensure staff were confident about supporting the person with this. We saw that a risk assessment was in place and an up to date support plan to ensure staff knew how to meet the person's needs safely.

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

- The home was split into two separate units both on the ground floor. One unit was providing nursing care and the other was specifically for people living with dementia. The service provided accommodation which met people's needs. People's bedrooms were personalised and looked homely. In the dementia unit, there were memory boxes outside bedrooms which contained photographs and meaningful objects so the person would recognise their rooms more easily. Bathrooms and toilets were clean and easily accessible. There were framed posters of film stars of the past, and displays of photographs and artwork. There was appropriate signage to facilitate the orientation of people living with the experience of dementia.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People who used the service told us the staff were caring and they were treated with respect. One person said, "I find the care quite good" and another said, "I get very good care. They do everything I ask." Relatives agreed and stated, "The care is pretty good. I've never found one member of staff who isn't kind and caring", "I think it's excellent here" and "I don't think [Person] could have better care. The standard is pretty high."

- We observed mostly positive and caring interactions during the inspection. Staff spoke about people in a kind and compassionate manner. There was a calm and unrushed atmosphere and people appeared relaxed. However, there were examples where staff could have interacted with people but did not. For example, one staff member was standing at the entrance of the lounge just watching people, not talking to anyone.

- Relatives told us they could visit anytime they wished and always felt welcome. One relative told us they were invited to meetings and always felt involved with the wellbeing of their family member. People's religious and cultural needs were recorded and respected.

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

- People who used the service were encouraged and supported to make decisions about their care. Staff appeared to know about people's likes and dislikes and we saw examples of this throughout the day.

- People and relatives were invited to express their views through regular meetings. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information.

Respecting and promoting people's privacy, dignity and independence

- We saw evidence that staff respected people's privacy and dignity. We saw they knocked on people's door before entering, and gave people choice about what they wanted to do and where they wanted to spend their time. Staff were able to give examples about how they ensured that people's dignity was maintained at all times.

- Staff encouraged people to remain as independent as they could be and we saw examples of this during the inspection. One person told us, "I wash myself. They bring me a bowl." When asked if anything could be improved, they said, "They do their best. They are very good."

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

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

- People had individual activity records which staff completed for every activity a person undertook. We viewed a sample of these and saw that at times, staff did not use respectful language and did not demonstrate an understanding of the person's needs. For example, one staff recorded that a person was distressed and "Shouted 'Get out, I don't want to talk to you,'" and added that the person, "Can be difficult at times." Another comment stated, "[Person] was invited but refused bingo. [Person] wasn't very happy today." There was no evidence in both of these examples that staff had tried to engage the person in a supportive manner to find out more or tried to ascertain why they were distressed.

- We looked at the person's care plan which indicated they 'shouted most of the time' and were 'verbally and physically aggressive'. The care plan only mentioned negative aspects of the person and there was no care plan about how to support the person in their distress. We saw behaviour monitoring charts (ABC forms) but these were blank. We discussed this with the acting manager and regional quality director, who agreed that this was concerning and they would look into this and speak with staff.

- We saw that another person was being supported in bed, and were unable to communicate apart from opening and closing their eyes. Two staff members told us this was how the person communicated, although they were unable to tell us which meant yes and which meant no. The nurse in charge was, however, able to tell us. This meant that there was a risk the person's needs would not be met because care staff were not aware how to communicate with the person as stated in their care plan.

- On the day of our inspection, the activity coordinator was off and the acting manager had not been able to find a replacement. We saw that the activity board stated a full schedule of morning and afternoon activities for both units. However, we saw people waiting for the scheduled bingo session, but no announcement was made that this had been cancelled until someone asked. A relative offered to call the numbers but their offer was not taken up. A quiz involving throwing a bean bag was offered by a member of staff instead. People mainly seemed to stay in their rooms and were not aware of any activities because the staff on duty had not encouraged people to attend these

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with another person in their room who told us they did not know why they were always in bed and were under the impression they could do more. The person's care plan demonstrated they had a condition which made sitting in a chair difficult. The acting manager told us they had liaised with the wheelchair service to ask for a more suitable chair but they were unable to supply this. The person's relative

had purchased a chair privately which met the needs of the person, but they declined to use this.

- Following our inspection, the acting manager provided evidence that the person had been referred to the physiotherapist and they are due to visit soon to assess them. They added they had tried to encourage the person to come to the lounge but they became agitated and asked to go back to their room.
- Some people were being cared for in their bedroom. Most people were able to access their call bells and had drinks within their reach. We discussed this with the acting manager, who explained that some people are not able to use their call bells so staff undertake regular monitoring checks.
- Care plans were developed from the initial assessments of people's needs and were comprehensive. They identified people's needs and how these were to be met, including people's preferences and routines. Care plans did not always evidence that people or their representatives were involved in developing these, however, one relative confirmed they had been involved and had helped write their family member's care plan.
- Wound care was well documented in people's care plans and included clear management plans, evidence of referral to the tissue viability nurse and completed body maps. We saw that staff recorded the healing progress of the wound, and the daily care the person received.

Improving care quality in response to complaints or concerns

- The provider kept a log of all complaints received and we saw these were taken seriously and responded to appropriately and in a timely manner. For example, when a relative had made a complaint about staffing issues, we saw that action had been taken and new staff had been recruited. There had not been any complaints received since November 2018.
- The provider kept letters and cards received from people and relatives. We viewed a sample of these. Comments included, "It's always a pleasure to visit my [family member] as the staff are very caring with [them]. They always try to get the best from [them] and make [them] cheerful" and "The residents are treated with respect. The carers work hard and know all the residents well and try to meet their individual needs. Good entertainment. Lovely soups and great cakes too."

End of life care and support

- People were consulted about their end of life wishes. We saw a document in people's care records, entitled 'future decisions'. This included what the person wanted to happen when they reached that stage, and what care and support they required. It also recorded any religious or spiritual needs the person may have. 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were kept in people's records. We saw these were completed appropriately by the relevant healthcare professionals and include a summary of the discussion with the person or, where appropriate, their representative.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection of 19 and 20 March 2018, we found that, although there were processes for auditing and monitoring the quality and safety of services people received, these had not always been effective in identifying shortfalls. At this inspection, these processes remained sometimes ineffective, as they had failed to identify the issues we had found in a timely manner so they could make the necessary improvements.
- The provider's arrangements to check that staff had received appropriate training and were skilled enough to care for people were not always effective. This was because over half of the staff team had not received training the provider identified as mandatory.
- People's personal safety checks were kept in people's rooms and included food and fluids checks, bathing records, bedrails and pressure mattress checks. We viewed a sample of these on both units and saw that these were not always completed appropriately. For example, staff were recording the repositioning of a person on their bedrail record checks instead of using the appropriate record sheet. The person's care plan to mitigate against the risk of developing pressure ulcers stated they needed repositioning every two to four hours. However we saw that repositioning was irregular and records indicated gaps of up to seven hours. We looked at this record for a person at 2.45pm and saw the last repositioning had taken place at 10am. Staff on duty told us this was a recording issue and the person was repositioned regularly. However, we could not be sure this was the case and there was a risk that people's needs in relation to their health and safety were not being met.
- We also saw that daily pressure mattress checks were not always recorded. Staff told us the paperwork had recently changed and they were no longer recording this. They showed us records of previous checks which indicated these had been undertaken regularly. We fed this back to the manager at the end of our inspection. They told us they would address these issues without delay.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been on a period of leave since November and the deputy manager was acting manager in their absence. However, the post of deputy manager had not been back filled, so they received additional management support to fulfil their role. They told us that they sometimes received

support from one of the provider's other registered managers, and this helped. The regional quality director, who was visiting on the day of our inspection told us, "[Acting manager] is doing a great job and things are improving now."

- The provider's internal inspection of 13 February 2019 had identified some areas for improvement, and some of these reflected our findings. These included improving people's involvement in their care reviews, the provision of activities and strengthening the management team to provide adequate support to the acting manager. The regional quality director told us these would be incorporated into their action plan, and appropriate actions would be taken to make the necessary improvements.

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

- People and relatives thought the service was well-led and were very happy with the care they received. The acting manager and regional quality director told us they were committed to work hard and make the necessary improvements. They added that their priorities were the wellbeing of people who used the service.

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

- People and relatives told us they were happy with the service and the management. One relative stated, "We have a meeting every few weeks where we can bring up complaints" and another said, "There is an open door policy with the manager."
- Not all staff we spoke with were happy with the way they were supported. One member of staff told us they did not feel supported by the acting manager and had to keep chasing to get things done. They added that the rota was being badly managed at times and they were sometimes short staffed. They said, "The deputy manager should be more visible on the floor. Residents miss out when we are short staffed." However, the acting manager was positive that this was going to improve from next week when the new staff was starting.
- There were regular meetings to discuss any issues and share information about people and the running of the service. These included daily 'flash' meetings in the morning, where nurses and senior care workers attended to share updates about people who used the service. Kitchen and laundry staff had separate meetings where they were able to discuss issues specific to their department
- The provider had undertaken satisfaction surveys for people and relatives. We saw that these showed an overall satisfaction with aspects of the service. We saw evidence that where issues were identified, action plans had been put in place to improve these.

Continuous learning and improving care

- The management team in the home consisted of a deputy manager currently acting as manager who was a registered nurse, an administrator, head chef, housekeeping manager and activity manager who all provided support and leadership to staff.
- In their Provider Information Return (PIR), the provider stated they planned to support staff to develop their skills by taking on roles as champions. Champions are members of staff responsible for promoting good practice in particular areas such as a moving and handling or dementia care. This had not yet been implemented but was planned for the near future.

Working in partnership with others

- The acting manager told us they had good links with the community. They said, "Yes we have very good relations with other professionals." They added that the GP visited weekly and had even started to undertake weekend visits as needed. For people on palliative care, the GP and palliative care team visited weekly or more often if needed.
- Hillingdon quality team delivered 'Falls champion' training recently. The acting manager told us two members of staff were now trained falls champions. This meant that they were responsible for monitoring people and supporting other members of staff to prevent falls in the home. Regular 'falls' meetings were organised to discuss any issues and share information.
- The acting manager had a good relationship with the tissue viability team, who was arranging training for staff about pressure sore prevention. The service had been given a '100 days pressure sore free' award.
- The acting manager attended provider forums organised by the local authority. These included training by other professionals such as the SALT team and best interests assessors. This information was cascaded to the staff team to increase their knowledge and promote good communication.
- The local authority's quality team were arranging for local managers to undertake leadership training, and the acting manager told us they intended to apply.

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | The registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. Regulation 9 (1) (a) (b) (c) (d) |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. The registered person did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(1) (2) (a) (b) (c) |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Treatment of disease, disorder or injury | The registered person did not ensure that persons employed received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. |

