

Milewood Healthcare Ltd

Harlington House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Harlington House is registered to provide accommodation and personal care for up to 17 people with a learning disability. People either live in Harlington House, which is a three storey older detached building or Harlington Lodge on the same site, which is a more modern building and has two floors. It is located in a residential area south of York, close to local community facilities and on a public bus route. There are parking facilities.

The inspection took place on 22 and 23 November 2016. The inspection was unannounced.

At an inspection in November 2014, we asked the registered provider to take action to make improvements with regard to quality assurance, consent to care, staffing, supporting staff and record keeping as they were not meeting legal requirements at that time. The registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. At an inspection on 30 April 2015 we found that the registered provider had taken action to address the breaches and was meeting legal requirements. The service was rated 'Requires Improvement' overall.

At the time of our inspection on 22 and 23 November 2016 there were ten people who used service, who had a learning disability and/or mental health or physical health needs.

The registered provider is required to have a registered manager in post and there was no registered manager at this service. This meant that we could not rate the question: Is the service well-led? any higher than requires improvement. The previous registered manager had left in April 2016 and a new manager had started in post approximately two months prior to our inspection, but they had yet to submit an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were effective systems in place to help make sure people who used the service were protected from the risk of abuse. Staff demonstrated a good understanding of their responsibilities in relation to reporting safeguarding issues.

People's needs were assessed and risk assessments were in place to reduce risks and prevent avoidable harm. There were systems to ensure people received their medicines safely, but there was some inconsistency in the registered provider's records relating to prescribed creams.

There were cleaning schedules in place, but some areas of the home had not been cleaned effectively and we have made a recommendation that the registered provider takes action to ensure appropriate standards of hygiene are consistently maintained.

The registered provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers. There were sufficient numbers of trained, competent staff to keep people safe and meet their needs, although the registered provider had been relying on regular agency staff in order to maintain staffing levels.

Staff received an induction, training and supervision to enable them to provide effective care for people.

Staff were able to demonstrate an understanding of the importance of gaining consent before providing care to someone and we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us staff were caring and we observed many examples of positive, warm and friendly interactions between people and staff. People were involved in decisions about their care and we observed people being offered choices about their daily routines, what they wanted to eat and what they wanted to do with their day. People's privacy was respected.

Care plans were developed in order to give staff the guidance they needed to support people and provide a personalised service. Care plans were regularly reviewed and most were appropriately updated. Staff we spoke with were knowledgeable about people's needs and preferences.

We found that people were supported to maintain good health and access healthcare services. People told us they were happy with the quality and choice of food available, and some people prepared their own meals. Care plans contained information about people's nutritional needs and preferences, and people's weight was monitored. We did however find one person's care plan did not clearly reflect all action that was currently being taken in relation to their fluctuating weight. The manager agreed to address this.

There was a complaints procedure in place and people were able to make suggestions and raise concerns or complaints but record keeping in relation to complaints was poor. We were told no formal complaints had been made in the year prior to our inspection, but the complaints file and records of minor concerns and issues raised during the year could not be located. Improvement was required in this area so that the registered provider could be sure that all concerns and complaints were consistently and appropriately acted on.

There had been a number of management changes over the year prior to our inspection, which had been unsettling for staff, but staff said the new manager was approachable and supportive and we found there was a positive and person centred culture at the home.

The registered provider conducted a range of audits in order to monitor the quality of the service provided and most issues identified in audits were addressed, although we did find some actions that had not been completed. There were also a number of other issues we picked up during our inspection that showed that the registered provider needed to be more proactive in driving improvement. Collectively these issues were a breach of legal requirements in relation to quality assurance and record keeping.

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, but some aspects required improvement.

There were processes in place to help make sure people who used the service were protected from the risk of abuse and staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Risks to people were appropriately assessed and managed. There were systems in place to ensure people received their medicines safely, but there was some inconsistency in records relating to prescribed creams.

There were cleaning schedules in place, but some areas of the home required closer attention with cleaning and we have made a recommendation that the registered provider takes action to ensure appropriate standards of hygiene are consistently maintained.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received training, supervision and appraisal to enable them to provide effective care for people.

Staff were able to demonstrate an understanding of the importance of gaining consent before providing care to someone and we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported with their nutritional needs and had access to healthcare services, where this was required, in order to maintain good health.

Good 

Is the service caring?

The service was caring.

People told us that staff were caring and we observed positive, friendly interactions between people who used the service and staff. Staff were attentive and involved people in decisions about

Good 

their care.

Staff promoted people's independence where possible.

Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs and staff were knowledgeable about people's needs and preferences.

People who used the service were supported to take part in some activities and interests, but there was opportunity for further development in this area.

People were able to make suggestions and raise concerns or complaints, although better recording of complaints was required.

Good ●

Is the service well-led?

The service was well led, but some aspects required improvement.

There had been a number of management changes over the previous year, and the registered provider had recently appointed a new manager. They were not yet registered with the Commission as the registered manager.

Staff said the manager was approachable and supportive and we found there was a positive and person centred culture at the home.

The registered provider conducted a range of audits in order to monitor the quality of the service provided and most issues identified in audits were addressed. There were however a number of issues we picked up during our inspection that showed that the registered provider needed to be more proactive in driving improvement.

Requires Improvement ●

Harlington House

Detailed findings

Background to this inspection

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

The inspection took place on 22 and 23 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day of the inspection and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from City of York Council's contracts and commissioning team.

Prior to the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with six people who used the service. We also spoke with four care staff, the manager, an area manager and the nominated individual for the registered provider. We looked at four people's care records, three people's medication records, three staff recruitment and training files and a selection of records used to monitor the quality of the service. We spent time in the communal lounge on Harlington Lodge and observed staff interacting with people who used the service throughout the two days of the inspection.

Is the service safe?

Our findings

One person who used the service told us, "Yes I feel safe...I like living here. I don't like the thought of having to move out; that's my worst fear." Others indicated they felt safe and liked living at Harlington House.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. These were last reviewed in September 2016. Staff received training in safeguarding and demonstrated a good understanding of how to safeguard people who used the service; they understood the different types of abuse that could occur and were able explain what they would do if they had any concerns. Staff told us they would report any concerns straightaway to manager, or to the area manager. Staff were also aware of the registered provider's 'whistleblowing' policy, and told us they would feel confident about reporting any concerns in order to keep people safe.

The local authority's multi-agency safeguarding policy and procedure was on display in the home, as well as accessible information for people who used the service about how to report abuse. Safeguarding referrals had been made to the local authority safeguarding team where required and the CQC had been notified. These referrals were completed appropriately and in a timely way. Records of a recent referral had not been printed off and filed in the safeguarding folder, but the registered provider did this on the day of our inspection, so that all records were consistently stored. The registered provider also agreed to include more detail about the outcome of referrals with the documentation. Overall though the records showed that concerns had been promptly identified and appropriately responded to.

This showed that the registered provider had a system in place to manage safeguarding concerns and protect people from avoidable harm and abuse.

The registered provider had a robust system for the recruitment of staff. We looked at recruitment records for three staff and found that appropriate checks were completed before staff started work. These checks included seeking appropriate references and identification checks. The registered provider also conducted interviews and completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

At our last inspection we found that there were some on-going issues with recruitment that were affecting staff levels, but not necessarily impacting on people who used the service. At this inspection we spoke with staff and people who used the service about whether there were sufficient staff to meet people's needs safely. One person told us, "There's always staff about." Another told us they always got at least one or two hours of one to one support each day, but if they needed more they would get it. They indicated it was not always the same staff though because sometimes agency staff were used. Staff told us, "There is enough staff, although we sometimes use agency. [Manager] has looked at the rota to ensure there is a better mix of experienced and new workers and this makes the shift run smoother. They also use the same regular agency

staff." Other staff told us, "There are enough staff" and "Yes there are enough staff but we have been having to use agency, because one staff member has been off sick and because of providing extra hours to one person. There has been no impact on the care. The care they [agency staff] are giving to people is good, but it's just the paperwork that they are not as familiar with. It's starting to get easier now that we have regular ones that come. And there are also some new staff starting."

The area manager confirmed they had been required to use additional agency staff recently because one person temporarily required two staff to support them, but they anticipated the person would be going back to receiving one to one support shortly. They also told us three new staff had recently been recruited, one of whom was in their probationary period, one had just started and another was about to commence in post. We looked at staff rotas and these confirmed the staffing levels had been maintained and that agency staff were used when required. Our observations of the service during our inspection showed there were sufficient staff available to support people to go out and take part in the things they wanted to.

The registered provider developed risk assessments in relation to people's individual needs. These included assessments in relation to social vulnerability, malnutrition, self-harm, mental health relapse and kitchen safety. The risk assessments guided staff in how to respond and minimise the risks and they were regularly reviewed and updated. There were also a range of general service risk assessments, which covered risks including kitchen safety, hot surfaces, manual handling and electricity. The registered provider's policy was to review these general risk assessments annually, and we found that most of these had last been reviewed in April 2016. The fire safety risk assessment was due for review in the month of our inspection and the registered provider confirmed they would do this.

We saw records of accidents or incidents were completed by staff and reviewed by the manager to make sure appropriate action had been taken in response to any incidents. There were also records held regarding incidents of behaviour that challenged the staff and others who used the service. These were documented in people's care files as part of their behaviour monitoring records, or in incident report records.

We reviewed documents relating to the servicing of equipment used in the home and maintenance of the environment. These records showed us that equipment was regularly checked and serviced. This included alarm systems for fire safety and fire extinguishers, gas installations, emergency lighting and electrical wiring. Checks also included fire drills and weekly fire alarm tests, weekly water temperature checks, annual legionella checks and portable appliance tests. These environmental and equipment checks helped to ensure the safety of people who used the service.

The registered provider had an emergency response file, which included an emergency evacuation plan covering the arrangements in the event of a serious incident such as a gas leak or fire. There was also a winter contingency plan for 2016-17, which detailed how people's needs would be met in the event of issues like seasonal influenza, poor weather conditions and the potential impact on staffing availability. Personal emergency evacuation plans (PEEPs) were documented in people's care files, to show the assistance people would require to leave the premises in the event of an emergency.

The home had received a rating of two following their most recent food hygiene inspection undertaken by the local authority Environmental Health Department in January 2016. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available. We saw that the registered provider had discussed the findings with staff in a team meeting following the inspection, including the improvements required and reminders about best practice.

Cleaning schedules were in place to document the cleaning activity that took place in the home and the registered provider had an infection control policy. We found there were some areas of the home that required greater attention with cleaning. For example, a number of doors had dirty marks and hand prints on them and some areas of carpet needed vacuuming. Mops were not stored appropriately, which was a potential infection control risk. At our last inspection we noted the laundry facility on the Lodge had torn flooring that needed replacing to ensure the floor could be cleaned effectively. At this inspection we found that although the flooring had been replaced since our last inspection it had torn again. The registered provider replaced this flooring on the first day of our inspection and ordered a new mop storage rack. The doors were cleaned by the second day of our inspection.

We recommend the registered provider ensures appropriate standards of hygiene are consistently maintained through effective cleaning schedules, standards of cleaning and regular monitoring.

We looked at systems in place to ensure people received their medicines safely. All people who used the service had a risk assessment to assess if they were able to administer their own medicines, and at the time of our inspection two people administered their own medicines. People told us they had no issues or concerns about the support they received with their medicines.

Staff responsible for administering medication were trained in medicines management and were observed administering medicines after completing their training, to check their competence. The manager was in the process of arranging an additional training course with the dispensing pharmacy for some staff.

We looked at a selection of Medication Administration Records (MARs). We found these were appropriately completed, to show that people had received their medicines as prescribed. We found some inconsistencies in the recording of prescribed creams, and protocols for staff in relation to prescribed creams. This meant there was a risk that staff may not know when these creams were required. The manager agreed to address this. We checked the stock balance for a number of medicines and the stock held tallied with the stock level recorded on the MARs. Medicines were stored safely, obtained in a timely way so that people did not run out of them, and disposed of appropriately.

This showed us that there were systems in place to ensure people received their medicines safely, but improvement was required in relation to records relating to prescribed creams.

Is the service effective?

Our findings

We asked people who used the service whether they were happy with the care they received and whether they thought staff had the right skills for the job. People's comments included, "They're all good [staff]. I like living here." Another person responded positively to indicate they were happy and well looked after.

We looked at induction and training records to check whether staff had undertaken training on topics that would give them the skills and knowledge they needed to care for people who used the service. These records showed that staff completed an induction when they started in post, along with training in a range of topics considered essential by the registered provider. These included health and safety, manual handling, medication, safeguarding vulnerable adults, food hygiene and MAPA (Management of Actual and Potential Aggression). Some of the training was delivered face to face, and other training was completed by reading a training workbook then completing competency questions, to assess that staff had understood the training. We found that where staff had not successfully completed the competency questions to the required standards they were asked to complete the training workbook again.

Staff completed refresher training to ensure their knowledge and skills were kept up to date. The registered provider stored training records electronically on a training matrix and training certificates were held in staff files. The manager was in the process of arranging first aid training for a number of staff that required refresher training in this area. There was also training booked within a month of our inspection in relation to medication, safeguarding, the Mental Capacity Act, care plan writing and learning disability awareness. Comments from staff about training included, "The training is good. Topics like medication and first aid are done annually and you can request additional training if you need it. We have supervision monthly and you get asked at this if there is any further training you need." Another told us, "The training is okay. Some staff would benefit from care plan writing training." Two members of staff suggested that the changes in management over the course of the year had impacted on the timeliness of staff completing their refresher training, but told us that this had improved since the new manager had started.

Team meetings were held, usually monthly, and these covered topics such as training, staffing updates, record keeping, individual issues in relation to people who used the service and practical arrangements for ensuring tasks were completed. Handover meetings were held each day to exchange key information between staff and records of handover information in relation to individual people were also held in their files. We saw evidence of staff supervision and mentoring and these records included examples where the manager had taken action to discuss and address staff knowledge gaps and improve practice. Staff we spoke with were knowledgeable about people's needs and preferences.

This showed that people were supported by staff that had the knowledge and skills to care for them effectively.

At our last inspection on 30 April 2015 we found that improvements were needed to staff practices around weight monitoring and recording because staff were not proactive about monitoring people's weight gain or loss. There was also no recorded evidence of any action being taken by staff to get input from a dietician for

one individual or any discussion with the person about their nutritional intake, when they had put on one and a half stone in weight in a three month period. We recommended that the service found out more about training for staff, based on current best practice, in relation to nutrition and weight loss or gain.

At this inspection we found that some improvements had been made in this area. In one file we viewed we saw that the person's weight was recorded monthly, and where the person had refused to be weighed this was recorded. Their risk assessment in relation to nutrition was reviewed regularly. Another file we viewed contained evidence of regular weight monitoring, and records to show when the person had declined to be weighed. Staff were able to describe the action they were taking to manage this person's weight gain, including offering healthier alternatives when the person requested extra portions of their main meal each day. They told us the person had responded well to this. Records showed that the person's weight fluctuated regularly, linked to their mental health condition. We did however find that the person's health care plan, which contained information about their weight monitoring, did not clearly reflect all action that was currently being taken and contained some contradictory information, because it had been reviewed and updated many times. This meant staff may not have access to up to date guidance and information required to support the person and meet their needs. We discussed this with the manager who agreed to re-write the care plan to ensure it was clearer and contained all relevant information.

People told us they were happy with the variety and quality of food available, and we saw people being offered a choice of meals, snacks and drinks throughout our inspection. Some people told us they were involved in buying and preparing their own food. Other people required meals preparing for them. There was a weekly food menu, but people could request something different from the menu. People's food likes and dislikes were recorded in their care files.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained mental capacity assessments, and where relevant, information regarding DoLS authorisations that were in place. Two people who used the service at the time of our inspection had a DoLS authorisation in place either to prevent them going outside of the service unescorted or because they were under constant supervision to ensure they were safe.

Staff completed MCA training and the staff we spoke with were able to demonstrate the importance of gaining consent before providing care to someone. We saw evidence in care files that people had been involved in decisions about their care. In one care file we reviewed, the person's support plan discussion record was missing. The area manager confirmed that they had supported the person to complete this document recently, so thought it may have been accidentally archived. They agreed to find, or complete this document again, as required. Other files contained support plan discussion records and consent forms for any practices that were considered an infringement of rights, such as keeping COSHH (control of substances hazardous to health) cleaning products locked in cupboards and keeping doors locked. These assessments

detailed the reasons for the infringement and the actions taken to minimise the infringement. The service had a MCA and DoLS policy and procedure in place and this was last reviewed in September 2016. This showed us that staff sought consent to provide care in line with legislation and guidance.

The registered provider ensured that people who used the service were able to access appropriate health care professionals and receive treatment and support for their medical conditions. We saw evidence in care files that people had received support from other healthcare professionals, such as GPs, the community nurse, psychiatrists and chiropodists. People confirmed that staff supported them to see the GP and attend health appointments where required. Care files contained care plans in relation to people's health, including support required with managing mental health needs. We saw an example in one care file we viewed, where staff had sought prompt medical advice for a person who had identified some changes in their health and well-being, and a visit from the GP had been arranged at the time our inspection.

Care files also contained 'hospital passports' which were communication aids, to be used if people needed to go into hospital. They helped hospital staff understand what people's care needs were and how to communicate effectively with them. These were written in a pictorial format to make them easier for people who used the service to understand. They included people's preferences and in one example we saw the passport included details such as which personal possessions the person would require in hospital to provide them with comfort and reassurance.

Is the service caring?

Our findings

People spoke positively about the caring approach of staff who supported them at Harlington House. Their comments included, "All the staff now are nice" and "We have a good laugh." Another person confirmed they got on well with staff, but said this depended who was on shift.

We found shifts were organised with consideration of which staff worked well with people, in order to encourage and develop positive relationships. For instance, we were told one person responded best to male staff, and we found this preference was accommodated wherever possible. Where agency staff were required, the manager organised the rota so there were regular staff available too. Although one person who used the service commented about the amount of agency staff use, nobody who used the service raised concern with us that agency staffing had impacted negatively on the relationships they built with staff. Staff we spoke with were able to demonstrate a good understanding of people's needs and preferences.

In our discussions with staff they demonstrated a caring approach towards the people they supported and one told us there was a "Very communal family feel" at the home. Another member of staff said staff were "Definitely" caring and kind in their approach and "You couldn't get a more caring team. [Name] will stay behind after night shifts to help do plants and gardening with people. [Name] will come in off leave to help if needed. [Name] did a sleep in shift today and stayed on to help this morning. So staff go above and beyond. They do it because they enjoy it and care about people here."

We made observations throughout our inspection of staff interacting with people who used the service. We saw many examples of positive, warm and friendly interactions. We saw staff supporting one person with their morning routine. Staff clearly knew the person well, including what they may like to eat for their breakfast and specifically how they liked their food arranging. Although staff knew the person's preferences they still checked with them at every stage and offered alternative choices. We observed staff chatting with people about topics of interest to the person, such as friends they used to live with and plans for Christmas. Staff also interacted confidently with one person who used limited verbal communication and were able engage well with them and understand their needs. Staff also offered appropriate reassurance when people were uncertain or anxious.

We found staff's knowledge of people extended to senior managers in the organisation, who were visiting during the inspection. It was evident they visited regularly and knew people well, from the responses of people who used the service when they arrived. When one person was becoming agitated because they wanted to get something from the shops, a senior manager offered to assist them as they were available; this resolved the person's anxiety. People appeared comfortable and relaxed in the presence of staff, and we observed people and staff laughing and joking together on a number of occasions.

One person however told us they felt isolated, which they said related to their drinking habits. The manager was aware of this person's concerns and told us they were working with the person, their advocate and the funder of the person's placement, to assess if the service was appropriate for their needs.

We observed staff involving people in decisions, such as what they wanted to eat and what they wanted to do with their day. These choices were respected. People confirmed to us that staff listened to them and respected their choices. One person commented, "They always listen to my choices." We saw examples in care files of very detailed instructions for staff on how best to encourage and support people with decision making. For instance, one care plan we viewed described the anxiety that certain decision making may cause for that person, and how to support with this. It acknowledged the person enjoyed completing their weekly planner with support from staff, but that when coming to do the activity they may refuse or require a lot of motivation, and explained to staff how to respond to this.

At the time of our inspection four people who used the service had an advocate. Advocates provide independent support to help ensure that people's views and preferences are heard.

We saw staff respected people's privacy; for instance, staff knocked on people's doors before they entered people's rooms and we observed a staff member seeking somebody out in the home to ask their permission for a tradesperson to go into their bedroom to repair something.

Staff promoted people's independence where possible. Care files and daily logs contained information about what aspects of people's lives they were able to manage independently. People told us they were supported to be involved in aspects of running the home, such as cooking, cleaning and food shopping. One person told us, "I like cooking and I get lots of chance to do that, and baking." Another person told us they were able to wash and dress themselves independently, and usually prepared their own food, but staff would help them if they needed it.

We discussed with staff if anybody who used the service had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Most people who used the service could potentially be at risk of discrimination due to their disability, but we saw no evidence to suggest that anyone was discriminated against. Care files contained care plans in relation to people's spiritual and cultural needs and personal relationships, and staff were able to give us examples of how they supported people with specific needs in relation to equality and diversity. One example included a person who wished to practice their religion; staff had supported them to start attending church again, after a period where it had become difficult for them to attend due to some behaviours they had been presenting. They now attended church on a weekly basis. The registered provider had an equality and diversity policy, which was reviewed regularly.

Staff were able to describe how they supported people to maintain relationships with others who were important to them. People were able to have visitors when they wished, and where appropriate people received support from staff to visit their relatives. For instance, one person told us that the manager took them to visit their relative in Scarborough recently.

Is the service responsive?

Our findings

Each person who used the service had a care plan, developed by the registered provider with the involvement of the person. We looked at four of these care files. We found that they were written in a person centred way, contained detail about what people liked and disliked and how they wished to spend their days. They contained care plan sections in relation to a range of areas according to people's needs. These areas included; communication, personal care, leisure activities and social networks, daily living skills, spiritual and cultural needs, health and mobility. We found care plans contained comprehensive information about people's personal objectives and the support required from staff to achieve these. Some individuals could present with anxieties and behaviours that challenged the staff and others who lived at the service. Where this was the case, care files contained detailed care plans which gave staff clear guidance on how to recognise trigger points and manage these behaviours.

Care plans were reviewed monthly and updated where required. Most people were able to confirm they were involved in decisions about their care and reviews of their care plan, and we saw evidence of this in people's files. One person told us in detail about their care plan, and how staff had supported them with a particular objective regarding their health. This support had enabled them to increase their confidence in being able to go out and access the community. Their care plan reflected what we were told by the person, and showed the progress that had been made in this area. They told us, "They [staff] know all my likes and dislikes!"

We did however find one person's care file did not fully reflect all the current support they were receiving with their diet and nutrition and another file was particularly lengthy, and would benefit from an overall review, to ensure it was easier for staff to navigate to the key information they required. The manager told us they had already started work on reviewing the content of all the care files and archiving older information that was no longer required, in order to ensure the care files were easier to use.

Staff completed monitoring records in relation to specific issues, such as epilepsy or anxious behaviours, where this was relevant to individuals. General daily monitoring and handover records completed for all people also enabled the manager to monitor that the care provided was responsive to people's needs and in line with their care plan.

People who used the service were supported to take part in some activities and interests. During our inspection we observed people going out to the shops with staff, socialising with other people and one person who was sweeping up in the garden. This person enjoyed working outside and did this regularly. One person told us staff had supported them to go to a retail shopping outlet the previous day and another confirmed that staff supported them to go out daily. Information about events and nights out was displayed on a notice board in the home. Care files contained information about the activities people had done and there were records of when people had declined to take part in activities, so the registered provider could monitor this. Whilst we saw evidence of people going out and about regularly, including to the shops, park and into town, there was limited evidence of more structured regular activities, such as community based social groups, educational or employment related opportunities. This would not necessarily be relevant for,

or of interest to, everybody who used the service at the time of our inspection, but one member of staff did comment that they felt some people had a lot more potential to participate in options like this in order to develop their skills. They told us, "There is definitely potential to develop people's activities more." We discussed this with the manager who told us they worked with people to identify their interests and aspirations and would provide support to anyone wishing to explore different opportunities. We will continue to review this at our next inspection.

The registered provider had a complaints policy and procedure, which was on display in the home. People we spoke with said that they would talk with the manager or staff if they had any complaints. One person told us they could also talk to their advocate if they wanted to raise a complaint.

We were advised that the service had received no formal complaints in the year prior to our inspection. However the complaints file was missing at the time of our inspection so we were unable to view details of any complaints prior to this, or to look at evidence of how complaints were managed. There was a complaints book in the entrance of the Lodge, but this had no entries in it and pages were missing from the book. Staff told us people used to use a book like this to record any minor concerns, such as grievances with other people who used the service. Staff told us they acted on these concerns at the time and explained how they supported people to resolve household issues. However they could not be sure if this was the same book because there were no longer any entries in it, and they were unclear why pages were missing from the book we viewed.

We found people had opportunity to raise concerns in residents meeting, review meetings and satisfaction surveys. Conflicts between people who used the service were also recorded in behaviour monitoring records, in order to identify triggers and prevent issues escalating. We saw from minutes of residents meetings that that issues raised in meetings had been responded to. For instance, people had requested a bigger television in the communal living area in the Lodge, and this had been purchased. One person had also requested a party at Halloween and this had been arranged.

We concluded the registered provider did provide opportunities for people to raise concerns, complaints and suggestions, but record keeping in relation to concerns and complaints was poor and improvement was required in this area so that the registered provider could be sure that all concerns and complaints were consistently and appropriately acted on. We have reported on this further under the well led section of the report.

Is the service well-led?

Our findings

The service had not had a registered manager since April 2016. Since then a manager had started and left, and then another new manager had started in post approximately two months before our inspection. The new manager had not submitted their application to the Care Quality Commission to become the registered manager of the service at the time of our inspection, but told us they intended to do this. The service is required to have a registered manager, and as such the registered provider was not meeting the conditions of their registration. The lack of a registered manager also meant we were unable to rate this key question any higher than requires improvement.

We found that changes in management at the home over the previous two years had been unsettling for staff and had impacted on the pace of progress in making improvements at the home. Staff told us they had been supported by area management staff prior to the new manager starting, but were glad to now have a manager in post who was based at the home. One told us, "As soon as [Manager] has come in they've got stuck in. [They're] what this place needs to move things on. It's a lot more organised with training for instance. They are approachable, even out of hours. They would come back in or ring us back if we needed something. They have started to get to know families too which is massively important." Another told us, "[Name] is my sixth manager, so I can never feel settled. [Manager] is okay, it's early days... they are very helpful and approachable."

The manager recognised that it had been a difficult period for staff, due to not having had a consistent manager over the previous two years, and told us they were very committed to ensuring it was a good home for people and staff moving forward. They told us some of their priorities included ensuring training and supervisions were kept up to date, ensuring processes were standardised and consistent with the registered provider's other homes, and continuing work on organising the paperwork and care files at the home. They had also recently advertised for two 'stand-in senior carer' roles, to provide staff development opportunities and ensure there was flexibility of cover in the event of senior carer absence or illness.

When we spoke with staff about the culture at the home and values of the organisation they told us there was a strong focus on, "Promoting independence, dignity and care," "Promoting independence and a good quality of life" and "Putting service users first, standard of living – the flats are really nice for instance, and giving them as much independence as possible."

We saw evidence of staff supervision and team meetings and staff told us they felt supported and were able to make suggestions. Regular residents meetings and reviews took place, to involve people in the development of the service and seek feedback on the care provided. Not all people who used the service chose to regularly attend residents meetings, but the opportunity was available should people wish to.

This showed the registered provider and manager promoted a positive and person centred culture at the home.

At our last inspection on 30 April 2015 we recommended that improvements were made to the registered

provider's quality assurance system in order to demonstrate how the service was using the information being gathered to improve practices and the quality of life for people living at Harlington House. This was because issues identified in audits were not always addressed and the results of satisfaction questionnaires had not been analysed or action plans developed. We recommended that the service considered current best practice on quality assurance systems and took action to update their practice accordingly.

At this inspection we found that some improvements had been made with regard to recording the actions taken as a result of quality assurance audits. Regular medication, operations and health and safety audits were completed, as well as monthly quality assurance visits conducted by the area manager. We saw evidence that audits conducted had resulted in action plans being developed and these were usually checked and signed to confirm when individual actions had been completed. For instance, actions identified in a health and safety audit, including reviewing the service's disaster plan and holding a health and safety committee meeting, had been completed and signed off. The majority of actions identified in medication audits had also been actioned and signed off. There was evidence that the area manager checked that actions identified in the service's audits had been completed when they conducted their monthly quality assurance visit. Despite this, we found some examples of actions that had not yet been completed, such as a requirement identified in an operations audit in March 2016 to bolt the safe to the floor. In addition, one action in a medication audit, to organise medication refresher training for staff, appeared in medication audit action plans for three months in a row, between March and May 2016, which showed that not all actions had been completed promptly. Results of satisfaction surveys were generally positive and showed an improvement to the responses in the previous year's surveys which we viewed at our last inspection. However, there was still no overall analysis completed of the findings, in order to provide feedback to those who had participated in the surveys.

There were also other examples which illustrated that the registered provider needed to be more proactive in driving improvement and ensuring good governance systems. For instance, a recommendation we made at our last inspection, to find out more about nutrition training for staff, had not been taken up. The registered provider was not aware until our inspection that the complaints file was missing or that there was no suitable storage rack for mops. There had also been a delay in us receiving a notification about an incident prior to the inspection, as it had occurred when the manager was on holiday and the area manager had failed to send us the required notification straightaway. Although the registered provider had recognised that some improvement was required to record keeping to ensure care files were kept in good order, and the manager had started work on this by archiving older information, the archiving system was poorly organised. This meant that when we asked to see some information from one person's file it could not be located in the archive. In addition, on the first day of our inspection we noticed that the lock had broken on a cupboard which contained confidential information in a communal area of the home. A new lock had been purchased to repair the cupboard, but the files had not been removed to ensure that they were held elsewhere securely until the lock was replaced. The lock was replaced by the end of the first day of our inspection.

Whilst the impact of each of these issues for people was relatively minor in isolation, collectively it showed that improvement was required to governance systems and record keeping. This was a breach of Regulation 17 (2)(a)(c) and (d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Members of the registered provider's senior management team, staff and the manager all told us they felt that now having a manager in post would bring the service more stability and enable them to continue to make improvements and that they were committed to doing this.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to securely maintain complete records in respect of each service user and the management of the regulated activities (including records of complaints), and had failed to use quality assurance systems to consistently drive improvements in the quality of service provided.