Bupa Care Homes Limited

Harnham Croft Care Home

Inspection report

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Date of inspection visit:
21 February 2017
22 February 2017

Date of publication:
02 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Harnham Croft Care Home provides accommodation which includes nursing and personal care for up to 40 older people, some of whom are living with dementia. At the time of our visit 37 people were using the service.

The inspection took place on the 21 and 22 February 2017. The first day of the inspection was unannounced. This was the service's first rated comprehensive inspection since their last inspection on 24 September 2013. During that inspection they were not compliant with two of the standards we assessed. A responsive follow up inspection was completed on the 2 January 2014, where we found the service had put actions into place and were meeting the legal requirements assessed.

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

People and their relatives told us Harnham Croft had a welcoming and homely atmosphere. Everyone we spoke with were highly complementary about the care and support received, as well as the strong leadership from the registered manager. The service encouraged and enabled people to voice their opinion about how the home was run. People were at the heart of the home and the registered manager told us they managed the home with help from people. For example people were invited to staff meetings with the registered manager commenting "We go to theirs so it's right they are invited to ours." People were at the forefront in making decisions from the colour and furnishings of the home to which charity they wanted to fundraise for. There was very much a "You said, we did" culture promoted within the service.

The service responded quickly to peoples' wishes and needs. For example one person had been unable to attend their granddaughter's wedding, so this was recreated at the home with the local vicar blessing the wedding. Another example was where staff walked a visiting donkey three flights of stairs to see a person who was end of life as they wished to see the donkey. Staff understood the importance of promoting peoples emotional well-being as much as their physical care needs.

People were treated with dignity and their right to privacy was respected. Staff knocked on people's doors before entering and sought people's permission before undertaking any care tasks. We found staff had a good understanding of people's needs, interests, likes and dislikes. We observed a range of positive and caring interactions during our inspection, with not hesitating to seek assistance where required and sharing jokes with staff.

People's medicines were managed safely. Systems in place ensured that people received the medicines as prescribed and at the correct time.

Staff had received appropriate mandatory and specific training in order to meet the changing needs of people. Staff told us they felt well supported by the management team. They received support and on-going development through reviews and an annual appraisal with their line manager.

Before people moved into Harnham Croft an assessment of their needs was undertaken. Care plans had been completed which explained how people wished to be supported and care needs were monitored and reviewed to ensure the support given continued to meet people's needs. We saw that where people could not give signed consent, their verbal consent was recorded.

People could take part in various activities in and outside of the home. The service had good links with the community and involved the community in fetes, fund raising and other events. We saw a thank you letter from the Mayor, thanking staff and people for including him in an Open Day.

There were systems in place which encouraged people and their relatives to share their views on the service. Complaints were investigated and responded to appropriately. People told us they were regularly consulted about their care and took part in monthly residents' meetings.

Risk assessments were in place to support people to be as independent as possible. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff displayed a good understanding of how to keep people safe from potential harm or abuse and what actions they would take should they suspect abuse had taken place. There were enough staff on duty to meet people's care and support needs safely.

The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

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

This service was safe.

People told us they felt safe living at Harnham Croft. People's personal safety had been assessed and plans were in place to minimise these risks.

Medicines were managed safely.

Staff were aware of how to recognise signs of potential abuse and were clear about the action they would take to prevent people from harm.

Safe recruitment practices were followed before staff were employed to work with people. There were sufficient staffing levels to meet people's care needs.

Is the service effective?

Good

This service was effective.

Staff received a range of training and support which enabled them to do their job safely and effectively.

Staff adhered to the principles of the Mental Capacity Act 2005 and this was reinforced within the care plans.

People told us they enjoyed their meals and there was plenty of variety on offer.

People were supported to attend health and other appointments as required and timely referrals were made to health care professionals.

Is the service caring?

Outstanding

This service was very caring.

People were supported by caring, respectful, compassionate staff.

People and their relatives were extremely satisfied with the staff,

their qualities and the overall care provided.

The culture of the home promoted people to be at the centre of decision making and we found this was put into practice.

Health and social care professionals spoke very highly of the end of life care people received.

Is the service responsive?

Good

This service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People were supported to follow their preferred routines, join in with meaningful activity and be a part of the local community.

Is the service well-led?

Good

This service was well led.

People and staff benefitted from clear, supportive leadership from the registered manager.

A clear ethos, which promoted wellbeing and involvement, was clearly embedded throughout the home.

A comprehensive range of audits monitored the quality of service provision.

People were encouraged to give their views about the service. There was a strong commitment to deliver a high standard of personalised care and continued improvement.

Harnham Croft Care Home

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 checked 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.

We carried out this inspection over two days on the 21 and 22 February 2017. The first day of the inspection was unannounced. One inspector, a specialist nurse advisor and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with 10 people who use the service and five visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included four care and support plans, daily records, staff training records, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, regional manager, three registered nurses, three care staff, maintenance, housekeeping staff and staff from the catering department. We also spoke to a visiting health care professional during our inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Harnham Croft and that staff were always available to help them. Comments included "Yes, I feel safe. I think its well organised." and "Oh yes, there's nothing to make me feel unsafe."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with appropriately.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The risk assessments in place identified potential risks individual people may be susceptible to, such as mobility, dehydration or health related risks. The risk assessments gave clear guidance to staff on how to reduce the risk.

Risk assessments were also in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. We saw for example in one person's support plan that they had signed a letter asking staff not to enter their bedroom at night to check on them, unless they had rung for assistance. There was a risk assessment in place to identify any potential risks to this person during the night. Another person chose not to wear a lap belt while being transported in a wheelchair. An associated risk assessment was completed and also identified the person had full understanding of any potential risks, such as falling out of the chair.

There was enough qualified, skilled and experienced staff to meet people's needs. Most people told us there were enough staff on duty. Some people felt that at times it was busy with one person commenting "They come when they can. Of course they can't see to everyone at the same time, so I just lay there and rest until they get me up." and another person stating "I have to wait and be patient. I'm an early riser so sometimes mornings are a bit of a problem. Sometimes I don't get a wash until about 11.30, but it's due to staff numbers." Other people felt there were sufficient staff and one person told us "I think so, it's well run." We raised this with the registered manager who told us staff ensured that if one person had their personal care late morning, they would be supported earlier the following day, to ensure the same person did not constantly get up late, unless it was their choice. This was recorded in people's daily records and also shared during handover. They were also due to introduce two hostesses to support with breakfast in the morning, so carers could concentrate on getting people up and providing personal care.

Staff told us they felt there were enough staff, although mornings could get busy, however, they did not feel it impacted on their ability to provide unrushed care and support. The registered manager reviewed the staffing levels according to people's care and support needs and advised us they would put in additional hours where required. They also told us they did not use agency carers to ensure people knew the staff who supported them. The registered manager told us the carers would rather cover sickness or annual leave

between themselves, which showed a great commitment to the people they supported.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. The registered manager told us people were encouraged to take part in the interview process and some people enjoyed taking up this opportunity. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed this. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Peoples' medicines were managed and administered safely. Staff supported people to take their medicines correctly. On the day of the inspection no one was being given their medicines covertly (without their knowledge, mixed with food and/or drink). We observed medicines being administered on the morning medicine round in a safe and respectful way. The staff member stayed with the person to ensure they had swallowed their medicines and drinks safely. We saw people had a choice of how they wanted to take their medicines, for example on a spoon or in a cup. The registered nurses completed a post medicine round omission audit tool, to check for any medicines errors. There had been no medicine errors in the past year.

Safe practices for storing medicines were followed. All medicines were stored safely and in a locked cupboard and fridge, and disposed of safely in a locked returns box when no longer required. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We reviewed the MAR for people and saw that they were being completed properly and signed by the competent person administering the medicines. We observed the medicine round in the morning was not completed until between 11am and 11.30 am meaning that the registered nurses time was mostly taken up on this task. We found staff were mindful of this; ensuring medicines on later rounds did not compromise administration instructions. The registered manager told us they were training senior staff for medicines administration and once they were signed off as competent, they would be supporting the registered nurses.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan in place which contained information about what to do should an unexpected event occur. For example, a flood or loss of utilities. There were arrangements in place for staff to be able to seek out of hours management support should they require it.

Good

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. During the inspection, the manager explained that where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority. However they had not had any applications authorised yet and were waiting assessment. We saw that people did not have a mental capacity assessment in place where they lacked capacity to consent to their care and treatment at Harnham Croft. We raised this with the registered manager who told us it would be because people had capacity to consent when they first came to the home. We told the registered manager people who now lack the capacity to consent would need a mental capacity assessment.

Where people lacked capacity to make specific decisions associated mental capacity assessments were completed, for example to consent to personal care. We saw guidance was put in place for staff to follow in case of refusal of personal care. Some mental capacity assessments did not always evidence the decision to be made or who was consulted to come to the decision. The registered manager told us they were in the process of reviewing the process in completing mental capacity assessments.

We found staff had a good understanding of the principles of the MCA in supporting people to make decisions and choices. One staff member said "You cannot assume they lack capacity. You need to give opportunities for decision making". We saw that where people had capacity to make a certain decision, but it was an unwise decision, people were given information and supported in their decision. For example one person who was at risk of choking, wanted cheese on toast as they liked it. The person understood the risks to make this decision. A GP told us when a person lacked capacity to consent to medical treatment; there was on-going communication between the manager, family, GP surgery and hospital. We saw best interest discussions were recorded in people's care records.

People told us they liked the food and had plenty to eat and drink. Comments included "There's plenty of choice." The menus come on a Friday and you pick for the whole week ahead." and "The food is very good, you can see I've put on weight."

There were a good variety of food choices and fluids were seen to be readily available during the day. We

didn't see any fruit or snacks available in the communal areas, other than biscuits in the reception area. People were offered a biscuit with their hot drink. We raised this with the registered manager who told us people had snacks in their rooms, but would discuss with them if they wanted more snacks available downstairs. They said there were usually plenty of fruit available during the summer months.

People's preferences including their dislikes and any allergies were recorded and visible in the kitchen. We observed on our visit that there was a menu available on display in the dining area for people to see and be reminded what the choices were for breakfast, lunch and tea. There was also a printed menu on each table, listing the food choices of that day. An alternative menu was available, including omelette, sardines on toast, jacket potato or steamed fish. A "night bite" menu was available for people from 6.30pm – 6.30am, which the carers could access. People were offered a hot milky drink at bedtime.

Care files contained a section dedicated to eating and drinking which recorded nutritional status and dietary needs such as the need for fortified or pureed food, swallowing difficulties and assistance required to eat and drink. Food and fluids were monitored for some people at risk of malnutrition and dehydration. Where staff supported people to eat and drink they were patient and allowed the person to eat at their own pace. Staff sat at the person's height and made eye contact with them. They chatted as they supported the person, asking if they were ready, before giving the next bit of food. We saw one person asking to go to the toilet, with a staff member responding immediately and another staff member covering the person's plate and putting it on a hot tray to keep warm.

Lunch was a sociable event with people offered a sherry before sitting down in the dining room. People chose who they wanted to sit with and appeared to enjoy their lunch, with music playing in the background. There was a dignity area in the dining room for people who didn't want to eat in front of others. On the first day of our inspection the registered manager told us it had been the receptionist's 50th birthday. We observed a presentation just before lunch, where people wished the receptionist a happy birthday and the manager presented them with a bunch of flowers.

Staff received training which was relevant to their role in order to meet the support needs of people they cared for. Staff told us the training was good and met their learning style. Training was delivered both electronically and through face to face learning. Staff were notified of training they were required to attend and records demonstrated staff undertook training in mandatory subjects such as, safeguarding vulnerable adults, MCA, manual handling, person centred care and fire training. More specific training was given around pressure area care, care of the dying, dementia awareness and other appropriate subjects.

Where staff had an interest in a specific area, they were supported to explore this further. For example one of the registered nurses had a specific interest in tissue viability. They wrote a booklet on "incontinence dermatitis – moisture legions", which they shared in training staff about the subject. The registered manager used innovative ways in developing staff further and would frequently arrange "spur of the moment" training about any specific areas that came up during the day to day running of the home. A staff member said "Any training we are interested in, X [manager] will arrange". A registered mental health nurse was employed to monitor people's care and to support staff in managing certain behaviours, which challenged.

The registered manager told us they frequently did role play with staff during training, especially during "spur of the moment" in-house training. For example some staff did not understand the importance of repositioning a person two hourly. The manager arranged training in the form of group supervision for staff to reiterate the importance to prevent pressure sores. A staff member told us when they first started, not all staff knocked on peoples' doors before entering. The staff member informed the registered manager who arranged training around dignity and respect. The registered manager also ensured staff experienced what

people felt when they were being hoisted, by being hoisted during their manual handling training. This gave staff a better understanding of people's experience in care.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence, that staff received one to one meetings with their line manager and an annual appraisal. The registered manager told us this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff used these meetings to reflect on their performance and to identify any training needs or career aspirations. One staff member said "This is a two way conversation, talking about what you are doing well and what you want to achieve in the future". Staff meetings were held and staff were able to suggest items for the agenda. Staff told us they felt supported in their role and at any time they could approach either their line manager or the registered manager for advice or support. We saw staff were supported to progress in their role and the registered manager was very supportive of staff professional development. One staff member said they were currently working as a care assistant, but was hoping to become a senior carer and felt confident they would be supported to achieve this.

The registered manager told us that at times they used agency nursing staff, however did not use agency staff for carers. The registered manager said the existing care staff would rather pull together to ensure people had continuity in care. They recognised the importance of continuity when providing personal care to people. To ensure that all agency staff met the skills required of the provider, the registered manager asked the agency to supply a profile for each agency worker. This listed the workers skills, experience and qualifications and when their training was last updated.

People were supported to maintain good health and had access to healthcare and other services to meet their needs. There were records of treatments relating to chiropody, eye care and physiotherapy visits in people's records. A GP visited the home on a weekly basis and more frequently as requested by staff in response to people's medical needs. One health professional told us "The nurses are very supportive and manage to keep patients with complicated needs. There is on-going communication between staff and the surgery. Nurses remind me when a medication review is needed. They are very knowledgeable".

Outstanding ☆

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included "We're very lucky, it's a lovely atmosphere and the staff are lovely", "I love most of the staff, I get on with all of them. Some of them are absolutely delightful."

Speaking with relatives they said "All the staff are good, the carers are great and the nurses are excellent, so knowledgeable.", "I really struggled to find somewhere as we lived out of the area and I was getting depressed about it. I turned up here, unannounced on a wet Sunday evening but the welcome I got was wonderful.", "Everyone is so caring." and "I like the general ambience. It's a lovely place to be."

Staff told us they loved coming to work. One staff member said "The best bit is interacting with the residents. They recognise your uniform and know they have people around to help. You can have banter, it makes their day". Another staff member said "I love the homeliness. Nobody is the patient or the carer. We can all have a laugh and a chat". Staff told us it was sometimes the little things that counted, for example one staff member told us about a person who always liked to have some pennies for their grandchildren when they visited. The staff member always ensured the person had some change on them. Another person liked to have mints. The staff member would go to the shop when the person ran out. People told us they also enjoyed having the registered manager's dog around as it gave Harnham Croft a homely atmosphere. One person in particular kept dog treats and we saw the dog sitting on his lap. The registered manager continuously checked with people if they were still happy for the dog to visit.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. A staff member told us they always knocked before entering and said "I don't talk over people, but involve them, asking what they want to wear or what they want to eat or drink". We observed staff knocking on peoples' doors before entering. Staff spoke to people in a kind and compassionate way and before undertaking any care and support staff sought permission before doing so, asking "How are you?" "Are you having a good week so far?" "Are you ready to go into the bathroom?" People could choose if they wished to receive their care from a male or female carer.

Staff said they sometimes had time to sit and chat with people. They said they usually had more time in the afternoon to spend with people. Comments included "Usually I have a bit of time to sit and have a chat with people on the afternoon" and "whilst people all get care I don't feel there is enough 1:1 time". We observed the activities coordinator spending as much 1:1 time with people as possible when staff were busy with providing care.

The registered manager told us about some people who had missed important events, such as one person's granddaughter's wedding. The person was unable to attend the wedding, so it had been arranged for them to recreate the wedding at the home with the local vicar blessing the marriage. We saw photos of this person with the bride demonstrating this event. Another person who was receiving end of life care and unable to leave their room, was involved in an activity when donkeys visited the home. The registered

manager told us the person used to work in a zoo and really wanted to see the donkey. Staff walked three flights of stairs with the donkey to the person's bedroom. This was one of the person's end of life wishes and the registered manager told us it meant the world to the person and made them very happy to be included.

Another example was of a serving soldier who came to Harnham Croft for end of life care and was not able to attend his daughters' christening. It was arranged for the christening to be held at the home, with the service officiated by the army chaplain in the person's room, followed by a party in the garden attended by residents. The registered manager told us the person's wife and family spent significant time at Harnham Croft and the residents became attached to them. When the person passed away, the residents decided that they wanted to create a memorial garden for him. Soldiers from his regiment came to help and the person's family still visit the garden now. People also wanted to do something for the family, so a dedication service was arranged with people speaking at the service. We saw feedback from a clinical nurse specialist who stated "The memorial service was a remarkable achievement, pulling together all the services and people who had supported and loved this family, including involving your residents which enabled them to feel important and embraced a true sense of family, community and belonging."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. Health care professionals commented on the exceptional end of life care that people and their relatives received at Harnham Croft. One comment was "Your [manager] expertise in palliative care and leadership made this possible, and the willingness to walk the extra mile both by yourself and all of your team." A visiting GP told us the service was very good in caring for people during end of life and preventing hospital admission. We spoke to a relative whose family member had just passed away who said "We couldn't find anywhere better. The girls were fantastic and the manager faultless." The registered manager was a role model for staff in providing palliative care and also took the lead in providing staff with training. The registered manager covered night shifts at times to provide support for people who were end of life. Families could stay overnight if they wished to do so and there was also a debriefing for staff and relatives if they wished, after the person had passed away.

The home was spacious and allowed people to spend time on their own if they wished. There were two lounge areas, one where most activities happened and another quieter lounge with a dining table. The registered manager told us people had the choice when their family or friends visited, to have their meals in the quiet lounge, creating an atmosphere of being at home. When it was a person's birthday they could choose the menu for the day. The registered manager said "They can have anything they want; dover sole or steak, anything. We give them a card and gift and they have a birthday cake of their choice. Just to make it special. They need to feel it's something out of the ordinary."

We saw that where people didn't have family or friends visiting, the registered manager arranged for a befriender from Age UK to visit.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were encouraged to remain independent. Comments included "I like to walk around using my walker. I like to keep going as long as possible and staff help me if I need it" and "If I need to I can see the doctor anytime".

People's needs were assessed prior to them moving into the service and care and support plans developed using this information. We looked at the care files of four of the people living at the home. We found a person centred approach to care plans. Care plans detailed people's preferences, likes, dislikes and routines. These provided staff with clear and detailed information to guide them on how to respond to ensure people's care needs were met in their preferred way. People's care files were kept in their bedrooms, which gave people a sense of ownership of the information held about them. We asked a staff member to approach a person to ask for permission to view their care plan.

Care plans included details of the support people required and what they were able to do independently. For example one person's care plan noted they were able to wash their own hands and face. Discussions with staff demonstrated they were aware of the needs of people and the support each person required. We saw that one person chose to self-administer their medicines when they first moved into the home. We saw evidence that this was reviewed with the person when staff noticed the person was getting more forgetful. The person agreed and accepted support from nurses and the person's care records were updated. People told us they were consulted about their on-going care and relatives said they were kept fully informed if there were any changes to relatives care plans.

People had a keyworker allocated to them. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. The keyworker was also responsible for the "Resident of the day". This was a process to ensure a person's care plan was updated at least once a month, ensuring the person's needs were still met.

A handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us they were continuously communicating with each other and if any concerns were identified, these would be discussed at handover. There was a weekly clinical risk meeting with the registered nurses and registered manager. Any concerns for example regarding tissue viability, nutrition/hydration, swallowing, weight loss or cognitive functioning were discussed and actions were put in place. These meetings were also used to put strategies in place for managing complex health and behaviour that could be seen as challenging.

The service had an activities coordinator in post who actively involved people in decision making around what people wanted to do on a daily basis. This included activities both in and out of the home. The activities co-ordinator previously worked as a carer and told us "It's the best job in the house. In care, you never get enough time to talk to them [people]. I really enjoy it."

People told us they decided what activities they would participate in and there was no pressure to join in if

they did not wish to. There was an activities programme which was flexible, for example we saw that crafts were on the programme during our inspection, however as people had been unwell the activities co-ordinator consulted with people and all agreed to change it to 'talking points', a quiz and a word game. We observed the activities co-ordinator talking to people about their travels and where they had been in the past, asking each person individually "What is the best place you have travelled to?" People responded, for example some had been to Singapore and other enjoyed camping. People engaged in conversation and appeared to enjoy in reminiscing about their travels.

An art therapist visited monthly and we saw displays of people's work on the wall. One person told us "It's so nice to have things to do in the afternoon. We're making Easter crafts at the moment." The registered manager told us some male residents had started their own gentleman's club and visits had included trips to a local museum and pub. There was a gardening club and people enjoyed growing their own vegetables and herbs, which was then used in the kitchen. During mornings, people could come down to coffee morning. Newspapers were handed out and people had an opportunity to debate about what was going on in the news if they wished to do so. The registered manager told us this was a good way of keeping people up to date with news from the outside world. People also had an opportunity to make contact with people from other Bupa homes, for example people sent postcards to other people, sharing news of what was happening at Harnham Croft. Salisbury cathedral was nearby and people had the opportunity to attend services at the cathedral or sometimes just have a day out.

People were involved in fundraising, raffle, Christmas Fayre and all money raised went into the resident's funds. This was then used, for example to pay for a soprano singer that visited the home. People were consulted on what they wanted to spend the money on. The registered manager told us people chose a charity each year for which they wanted to fund raise. This year people chose the Alzheimer's Society, which would be a separate fund raising event for the residents' fund. The registered manager told us many relatives, visitors and local community were friends with Harnham Croft on Facebook. This was used to advertise upcoming events and invite people from the community to attend, as well as show relatives and friends who may be living away what had been happening at the home.

A record was kept of the outcome of the activity people had taken part in which described the benefits and whether people had enjoyed the activity. Where people had declined to take part in activities the activity co-ordinator suggested for example reading a book or a hand massage. People also had access to a hair dresser and visiting library.

The complaints policy and procedure were displayed in the reception area of the home. The registered manager told us the complaints procedure had been provided to people and their relatives. Staff were aware of the complaints procedure and how they would address any issues people raised. People told us they would talk to the registered manager if they had any concerns and felt confident it would be dealt with appropriately. One person said "I did raise an issue at the residents meeting. Sometimes the food on the menu and what you order is different to what you get. [Manager] explained what had happened and it was sorted." The registered manager reminded people and staff to use "Speak up" if they didn't feel they could complain to the manager and we saw this was an agenda item at resident and staff meetings.

People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction. At the time of our inspection people told us they had no complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the service. The registered manager was supported by a regional manager who told us they had the uttermost confidence in the registered manager's ability to manage the service. All staff we spoke with told us how well supported they felt and that the manager had a very strong presence within the home. Comments included "X [manager] is always saying, if you need a chat, just knock on my door", "Feel very much supported. I can talk to X [manager] about anything" and "Very much so. I have weekly meetings with the manager and her door is always open." During our inspection we observed the manager was frequently seen throughout the building, chatting with people, visitors and staff in a positive and supportive way. The registered manager was visible and accessible throughout our inspection.

The registered manager told us since they had been in post, their greatest achievement had been to create a compliant and happy environment, both for people and staff. When they first started in 2013, staff were demoralised and people were not happy. One staff member said "X [manager] has turned things around since being in post." The registered manager had managed to build a cohesive staff team to support people in a person centred way and had a clear vision that Harnham Croft was the "residents'" home and their wishes needed to be respected. The registered manager said "This home is run by myself, the staff and residents". We saw a notice on the staff board stating "Our residents do not live in our place of work. We are privileged to work in their home." The registered manager shared their vision of the service with staff through regular communication and at staff meetings. The registered manager valued the staff team and told us staff were rewarded for their work, for example staff were given money from a fundraising event, which they used for improving the staff room with a sofa and breakfast bar. This meant staff could have sufficient breaks.

The registered manager told us their biggest challenge had been recruiting registered nurses. This was an on-going challenge. The registered manager kept up their registration as a nurse and also mentored the other registered nurses for validation of their registration.

Speaking with people and their relatives, they said "[Manager] has been fantastic. It all comes from the top and she's really good." and "The manager comes to see me every day in the morning." We saw some people coming to the manager's office for a chat and one person told us they were waiting to have coffee with the manager. The registered manager was very knowledgeable about peoples' health and care needs and told us they were not averse to putting on an apron and gloves to help out. An example of this was where there was a recent outbreak of chest infection within the home. The registered manager told us everyone pulled together. As a thank you for the staffs' hard work and commitment, the registered manager had arranged for staff to have bacon and sausage sandwiches during their morning break.

Visiting health and social care professionals, including GP's, a consultant nurse for older people and a consultant in palliative medicine, spoke very highly of the registered manager and their management style. Comments included "X [manager] and her team have always closely liaised with us to enable the best possible care for patients and our working relationship has been one I have valued immensely", "X

[manager] has initiated ideas and initiatives which have not only improved patient care but have also helped the doctors visiting the home to understand the purpose of the visit and how unwell the patient is" and "This home is such a lovely place. X [manager] is such a help. They manage to keep patients with complicated needs. X is very knowledgeable". The registered manager shared good practice with other health professionals through discussions in how to best support all nursing homes as well as sharing useful documentation regarding early warning of deterioration and a record of reporting change to the nurse in charge. We saw feedback from a clinical nurse specialist, thanking the registered manager for their contribution.

Throughout our inspection there was a sense of "resident" involvement and putting people at the heart of the home. A "resident involvement charter" was drawn up by people over a number of meetings and indicated how they wanted to be involved in the day to day running of their home. People were encouraged to be involved as much as they wanted to be, for example taking part in the recruitment of new staff. People had an opportunity to meet proposed staff for coffee and cake. During residents' meetings, people were involved in voting for and choosing an employee of the month, which people presented the award to the staff member voted for.

People were empowered to contribute to improve the service through the completion of surveys, but also taking part in the auditing of the service. We saw that during the 2016 survey a comment was made about certain areas of the home not being "what one would like". The registered manager told us this was acted upon and people were involved in choosing new furniture and furnishings for the home. Following on from the re-decoration and refurbishment the registered manager told us people had chosen to have an afternoon of classical guitar, prosecco and canapés. The registered manager said "Our residents will be doing the honours and cutting the ribbon, as this is after all their home."

A residents meeting was held monthly and this was well attended with the last meeting in February 2017. Relatives meetings were held and people were also invited to join if they wished. The minutes of these meetings demonstrated where people had put forward ideas or comments; this was listened to and taken up to improve the service. We saw a "You said, we did" notice board, which pictured suggestions people had made and the outcome of these suggestions. For example, people asked if they could have bread sauce with their poultry. This was acted upon and people now have a choice of bread sauce with their meal. People also asked if they could keep chickens in the garden, the service listened and chickens were now kept and the eggs were left at reception for relatives or visitors to take. The registered manager told us people wanted to raise money for the poppy appeal and wanted staff to do a sky dive in aid of this. Staff signed up to do this and we saw photos of the staff doing the sky dive. The registered manager told us people chose a charity each year for fundraising. People's feedback was sought after each event to check if their expectations were met.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people's views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. The regional manager told us the "registered manager acted swiftly on any feedback they had following their monthly auditing visits ensuring that all actions required were addressed, signed off and monitored.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. This information was audited on an on-going basis and formed part of the development of people's support plans. The registered manager regularly completed spot checks around the home to

ensure best practice of staff, this included checks during the night shift. The registered manager also frequently came in early to ensure they could see the night shift staff.

To keep up to date with best practice, the registered manager accessed resources and information from agencies such as the CQC, Wiltshire Care Partnership and attending registered manager's meetings. The registered manager told us they also regularly met with other Bupa home managers to share ideas. The registered manager worked collaboratively with other agencies such as the mental health team, local authority and the GP. They had good links with palliative care nurses, Hospices and befrienders from Age UK. They also supported a charity for people with a learning disability by providing a person with a job opportunity. This person is now supporting the activities coordinator and people told us they loved having them around. The registered manager told us they kept up with their own knowledge by reading journals and having frequent clinical conversations with the registered nurses. They had also completed a course in Care home management.

The registered manager was nominated in 2015 for the Bupa Global Achievement award for the end of life work they led with a soldier. The registered manager is due to be nominated again this year for one of the categories in the Bupa awards. The registered manager told us they were pleased that their regional manager saw their potential. The registered manager told us they also celebrated staff achievement and was excited about one of the nurses shortlisted for Bupa Nurse of the Year in the Bupa UK Care awards in 2016.