

The Regard Partnership Limited

Harwich House

Inspection report

8 Granville Road
Littlehampton
West Sussex
BN17 5JU

Tel: 01903726224

Date of inspection visit:
12 January 2021

Date of publication:
24 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harwich House is a residential care home that provides care and accommodation for people with learning disabilities. It is registered to support up to nine people. Eight people were living at the service on the day of our inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Systems and processes to ensure people received safe care and treatment needed further time to be fully effective. Many people were not able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs we spent time observing people with the staff supporting them.

Right support:

- People were beginning to receive personalised care and support specific to their needs and preferences. However, the service had been through a period of management change, which had affected the quality of care delivery. Further work was needed to effectively support people to achieve goals and encourage them to learn and grow as individuals. People had not always been fully protected from the risks of harm, abuse or discrimination, because staff had not always known what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments were being improved to ensure they provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture:

- Despite the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to improve quality and leadership at the service. Quality monitoring systems were still to be embedded fully, however morale had improved amongst the staff team. We received negative feedback in relation to the care people received and how the service was run. One relative told us, "[My relative] has

had a tough time at Harwich House recently, there have been a lot of changes, I just hope things improve now". The provider and staff were aware of the areas for development and improvement. Management staff told us of their commitment to improve care delivery, to fully engage with relatives and reassure them they could meet people's needs. We saw improvements had been made to the provider's oversight of the care provided, engagement with families and health and social care professionals and record keeping.

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This is the first inspection of this service under their new legal entity. The last rating for the service under the previous provider was Requires Improvement, published on 22 April 2020.

Why we inspected

We undertook this comprehensive inspection on 12 January 2021 in light of concerns we had received in respect to the care people were receiving. Concerns included, the management of medicines, risk assessments, staff training, staffing levels, quality monitoring, governance and leadership, and a negative and closed culture at the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns, however we identified several areas of practice that need improvement. Please see the full report of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harwich House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Harwich House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed to the service, however at the time of our inspection, they had not started the process to register with the CQC.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

People living at the service were unable or unwilling to speak with us. We spoke with six members of staff including the interim manager, the newly appointed manager, a deputy manager and support staff. We spent a short time in the home whilst people were eating their lunch. This allowed us to safely look at areas of the home that had previously been identified as a concern. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included five people's care records, medicine records, staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We spoke with five relatives and a healthcare professional by telephone in order to gain further feedback around the care delivered.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Many of the systems and processes put in place to improve the service were new. At this inspection, we were unable to fully assess the effectiveness of the systems and their ability to deliver good care for people in a sustainable way. We have, therefore, rated this key question as requires improvement.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- There had been several recent incidents at the service that had required investigation under safeguarding. Some people had received care that did not meet their needs and had placed them at risk.
- Feedback from relatives was negative in respect to the safety at the service. They told us of recent incidents that had occurred in the weeks before the inspection. One relative told us, "[My relative] wasn't safe, I know it's all with safeguarding and they've made changes, but I don't feel [my relative's] been safe at all". Another relative said, "I'm really not happy, there have been a lot of issues at Harwich House. I don't think it's safe".
- The provider and staff were aware of the areas for development and improvement, and we did not see any unsafe care practices on the day of our inspection. Management staff told us of their commitment to improve care delivery, to fully engage with relatives and reassure them they could meet people's needs. We saw improvements had been made to the provider's oversight of the care provided, assessments of risk, record keeping and engagement with families and health and social care professionals.
- Prior to this inspection, we had received information of concern stating that staff did not always recognise and act on people's changing health needs and follow assessed guidance on how to keep people safe. We saw that risk assessments for people were in the process of being reviewed and updated. Management staff were aware of the need to update people's risk assessments and good progress had been made. We saw that representatives from the Local Authority were also in the process of reviewing people's risk assessments to ensure staff had the most up to date information to keep people safe.
- Staff appeared to know people well and understood risks associated with their care. People's behaviours that may challenge were managed well. Staff supported one person, who displayed such behaviours, with kindness and dignity. They made sure the person was safe and respected their individuality.
- Staff took appropriate action following accidents and incidents, and we saw a system had been developed where specific details and any follow up action to prevent a re-occurrence was recorded. Any subsequent action was shared and analysed to look for trends or patterns.

Staffing and recruitment

- In the recent months prior to the inspection, there had been a relatively high turnover of staff at the service, but management had ensured that staffing levels were appropriate.
- We were told that regular agency staff with experience of the service were routinely used, and staff from

other services in the group had been used to support existing staff and cover shifts in circumstances such as sickness and annual leave. Staff told us there were enough staff to meet people's needs safely. One member of staff said, "We have enough staff allocated now, it gets busy if anyone calls in sick, but we always get cover and the agency staff are good. We're well supported". Our own observations supported this, we saw people being attended to in a timely manner and staff responding to people's requests and needs. Furthermore, some people were assessed as requiring one to one care and we saw that this had been adhered to.

- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Medication Administration Records (MAR) had information about the person, including any allergies, past medical history and how they liked to take their tablets.
- Medicines were given to people individually. We observed a member of staff administering medicines and explaining to people what their medicines were.
- Medicine audits had been introduced. These were completed monthly. Where shortfalls were found, the action taken had been recorded and improvements made.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. They were able to tell us what steps they would take if they believed people were at risk of harm. This included reporting it to the most senior person on duty or to the local authority safeguarding team.
- There had been several recent and some ongoing safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations. Staff told us they had learned from recent safeguarding investigations and knew what to do and how to record any issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Many of the systems and processes put in place to improve the service were new. At this inspection, we were unable to fully assess the effectiveness of the systems and their ability to deliver good care for people in a sustainable way. We have, therefore, rated this key question as requires improvement.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived.
- However, there had been several recent incidents at the service that had required investigation under safeguarding. These investigations showed in some cases that people's assessments were not up to date or accurate. Management staff told us that all people living at the service would be reassessed by both the provider and relevant Local Authority to ensure that people's needs could continue to be met. We saw that this process had begun and staff were kept up to date with any changes.

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

- We saw documentation that some people living at the service had been losing weight. This was subject to an investigation under safeguarding. Managers told us a considerable amount of work had been done to assess people's nutrition and develop plans to ensure their needs were met. We saw this was the case and documentation showed that some people's weights had stabilised. They were now being monitored closely and specialist diets were being followed by staff.
- We observed people eating lunch and enjoying their food. Dietary needs were known by staff and this included any allergies and preferences.

Staff support: induction, training, skills and experience

- Staff said they felt supported and their training needs were met. However, we saw that staff had not routinely had one to one supervision meetings. We raised this with the management of the service who stated that supervision or staff had not gone ahead for some time, however there now was a supervision schedule in place for all staff going forwards. We saw this was the case, and all staff had a meeting scheduled to meet with the management of the service to discuss any issues, concerns or development needs they had.
- People's relatives told us they felt staff were trained for their role. One relative told us, "Some staff are better than others, but on the whole they know what they are doing, they do get regular training as far as I'm aware".
- Documentation showed that staff training was up to date, and staff told us that the training they received

assisted them to carry out their role effectively.

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

- We were aware of concerns in relation to care delivery for people at Harwich House, these concerns were subject to an investigation under safeguarding. Managers told us that a considerable amount of work had been done with respect to engaging, liaising appropriately and in a timely manner with other stakeholders and healthcare professionals. We saw this was the case, documentation showed that staff had started working with the local authority health and social care professionals to help ensure people had access to specialist healthcare teams, such as GPs, Speech and Language Therapists and social workers.

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

- The building had been designed in a way that allowed people to move around freely. There were accessible internal and external communal areas for people to use. Bedrooms and communal areas were personalised to reflect people's interests.

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

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

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

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

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made where appropriate and people were being supported in the least restrictive way.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff took time to involve people in day to day decisions. For example, if they wanted to move from where they were sitting or if they would like a drink or something to eat.

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

- We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people frequently and spent time with them. The atmosphere in the service was positive and it was clear people had good relationships with staff who understood their needs.
- Relatives told us that staff were kind and respectful and we saw this during the inspection. A relative said, "In spite of everything, you can't fault the staff, they have always been very caring and compassionate and have everyone's best interests at heart".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being supported to assist with writing shopping lists and to carry out tasks for themselves. A member of staff added, "It's difficult at the moment with lockdown supporting people's independence outside the home, but we encourage them every day to do things for themselves inside the home".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity. We were given examples of staff respecting people's alone time and their space.
- Records and personal information were held securely to promote confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People had care plans that were designed to enable staff to support them in a personalised way that was specific to their needs and preferences, including any individual religious beliefs.
- Care plans should be up to date and be developed and reviewed regularly by staff, with involvement and regular input from the people using the service and their relatives or next of kin. This kind of information is required to enable staff to have clear guidance on how best to support individuals and provide meaningful, person centred care.
- The care plans we saw contained historical information, much of which referenced care that was assessed by the previous provider. The care plans were also not fully person centred, nor did they contain current input and information from people or their relatives.
- Feedback from relatives was they had not been involved in updating their loved-one's care plans for some time. One relative told us, "I don't feel involved in [my relatives] care, we've not had a review for a very long time. I've got a call scheduled with the new manager, so I hope things will start to improve from there". Another relative said, "We've had no contact about care plans or getting our input, it's something we'd like very much".
- Management staff were aware of this and we saw that work had started on updating people's care plans with full involvement from people and their relatives in order to make them more person centred and relevant.
- However, at the time of our inspection, not all care plans were fully person centred and did not reflect people's current likes, dislikes and preferences. We have identified this as an area of practice that needs improvement.

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

- Due to the COVID-19 pandemic and subsequent lockdown, the service was limited in its ability to support people to engage in activities outside of the service. However, we saw a range of activities on offer inside the service which included, music, arts and crafts, exercise, films and the encouragement of people's interests and hobbies. For example, one person was very interested in America and staff had supported this person to access information and memorabilia to display in their room.
- We saw that if required, people would be given the opportunity to observe their faith and any religious or cultural requirements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified. Staff ensured that where required people's communication needs were assessed and met.

Improving care quality in response to complaints or concerns

- The procedure for raising and investigating complaints was available for people in easy read format, and staff told us they would be happy to support people to make a complaint if required.
- Systems and processes we saw showed that complaints would be responded to appropriately.

End of life care and support

- Documentation showed that people's wishes, about their end of life care, would be respected. Specific training and support was given to staff in order to care for people at the end of their life if this was required.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Many of the systems and processes put in place to improve the service were new. At this inspection, we were unable to fully assess the effectiveness of the systems and their ability to deliver good care for people in a sustainable way. We have, therefore, rated this key question as requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There had been several recent incidents at the service that had required investigation under safeguarding, and we saw that some people had received care that did not meet their needs and had placed them at risk.
- Furthermore, there had been recent changes of management at the service, which had impacted on the care delivered. Day to day management of the service was carried out by two interim managers from other services within the group and a deputy manager. A manager had been appointed to run the service and was in post, but at the time of our inspection they were still in their induction period. Further daily management oversight was provided by senior regional managers.
- Relatives spoke negatively of the service. Their comments reflected that the quality of the service had dropped in recent months. One relative told us, "I've absolutely not been happy with the care [my relative] has been getting at Harwich House. It's been a shambles sometimes and nobody there has got in touch to reassure me that things are getting better. There is a new manager now and he is going to contact me soon, let's hope things improve". Another relative added, "The home has had lots of issues recently, I don't want my [relative] to be anywhere else, I have no worries about her being there, but I just want to be confident things are going in the right direction".
- The provider and staff were aware of the areas for development and improvement that were needed. Management staff told us of their commitment to improve care delivery, to fully engage with relatives and reassure them they could meet people's needs. We saw improvements had been made to the provider's oversight of the care provided, record keeping and engagement with families and health and social care professionals. The provider had also developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service. Progress against this action plan was monitored by the management of the service. The action plan was practical and appropriate, however the delivery of the plan would need to be monitored over time, to ensure that the improvements identified were implemented and sustained.

People had been placed at risk, as policies and procedures designed to keep people safe had not been followed, risk assessments, care planning and recording were not routinely robust, and management

oversight of the service and engagement with relatives and stakeholders had not been effective. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us about the positive impact the improvements so far had on the service and felt the culture and atmosphere was improving. One member of staff told us, "There's been a lot of changes of management, but things have really got better, I was daunted about coming to work, but I'm not now. The managers are really helping us out". A manager at the service added, "There is still a lot more we need to do, but we have a plan and are committed to turn things around. We need to get the trust back with everyone".
- Our own observations supported this. Although we only spent a short time in the service, staff interacted and spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured that policies and procedures designed to keep people safe had been followed, or that systems to assess risk, guide staff, involve people and their relatives, and maintain a good level of care delivery had been effective.</p>