Milewood Healthcare Ltd

Harlington House

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Harlington House is a residential care home providing personal care. The service is registered to support up to 17 people with mental health needs or learning disability. The home is divided into two areas; Harlington House, which is a three storey older detached building containing individual flats, and Harlington Lodge on the same site, which is a more modern building and has two floors. At the time of our inspection there were 12 people using the service.

People's experience of using this service and what we found
The quality and safety of the service had deteriorated since our last inspection which showed the provider was unable to make and sustain improvements to benefit people. The lack of provider and management level oversight meant previously demonstrated standards and regulatory compliance had not been maintained. The provider's systems and processes designed to identify shortfalls, and to drive improvement were not effective and had not identified the concerns we found.

While people told us they felt safe, the risks associated with people's care and environment had not been adequately identified, assessed or managed. This placed people at risk of harm. Staff had not always had sight of individual risk assessments.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Relatives did not feel involved in their relative's care and felt that communication from the service was poor. We found that there were blanket decisions and policies in place which had not considered people's personal choice.

We found that there were not always sufficient staff available to meet people's needs as assessed by commissioners. We found that care plans did not clearly outline how people's care should look and did not guide staff or promote best practice. We found that staff were not always adequately trained to carry out their responsibilities or manage the risks identified.

Staff were safely recruited. Staff told us they found the acting manager approachable and fair. Staff felt supported and liked working at the service. Staff had good knowledge of policies including safeguarding.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, responsive and well led; the service was not able to demonstrate how they

were meeting some of the underpinning principles of Right support, right care, right culture. The staffing levels did not always allow for people to have care which maximised choice, control and independence.

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
The last rating for this service was requires improvement (March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
As part of CQC's response to the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

When we inspected and found there was a concern with visiting processes and cleanliness, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have new identified breaches in relation to person centred care at this inspection.

We have identified continued breaches in relation to managing risks effectively, managing the spread of infection and good governance. We also identified a breach in relation to staffing at this inspection. We have issued the provider a warning notice in relation to these breaches.

Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Harlington 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Harlington House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harlington House is a care home without nursing care. 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. The service did have a 'relief manager' in place, a registered manager for another of the provider's homes. This manager supported the inspection.

Notice of inspection
This inspection was announced. We gave a short period notice of the inspection as at the time of the inspection the home had an outbreak of COVID-19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local safeguarding team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We completed two visits to Harlington House. We reviewed various care plans and risk assessments for people and documentation relating to the safety of the building. We reviewed three staff recruitment and training files. We spoke to four people who use the service. We spoke to the senior members of staff and the manager. We made phone calls to four relatives of people and five staff members.

After the inspection
We corresponded with the nominated individual to gain further assurances and to discuss the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought further assurances and documentation to review off site including medication records for people at the home.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not always safe and were at risk of avoidable harm. The service had continued breaches and had failed to make adequate improvements.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment had not been properly maintained and kept clean. Audits over the last six months had made recommendations in June 2021 which had not been actioned. There was no schedule in place for these improvements to be made.
- Risks found in the home environment were not acted upon and placed people at risk of harm. For example, the inspector walked into the home with ease as the front door mechanism was broken, giving access to people's bedrooms and not adequately ensuring people who were at risk of leaving the home alone were safe. The manager was aware of the fault but had not considered additional precautions to mitigate this.
- Risks relating to people who self-harmed were not clearly identified and managed. People's risk assessment did not always have up to date and clear guidance for staff to follow. Staff told us they had not read individual risk assessments and did not have knowledge of these.
- Infection prevention and control measures were not consistent or robust. There was a cleaning schedule in place, but this had not been completed in 4 weeks at the time of the inspection. Cleaning had not been enhanced considering the recent COVID-19 outbreak. There were no records of cleaning 'spot checks' carried out by the manager in line with the provider's paperwork.
- Visitor's COVID-19 test status, temperature and potential symptoms were not always checked on entry. There were no records kept of visitor's information who had entered the home.
- The provider's environmental audits had identified actions for improvements, but these had not been actioned. During the inspection, the provider replaced flooring in two bedrooms to allow for effective cleaning.

Not enough improvement had been made at this inspection and the provider was in continued breach of regulation 12(safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm.

- The provider responded immediately during and after the inspection. They ensured that risks identified at the inspection were risk assessed and discussed with people. We informed commissioners of the risks we

found during inspection so they could support the provider to address these.

Care homes (Vaccinations as Condition of Deployment)
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

● The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment
● Staffing levels were not managed safely. There was no system or method in place to calculate safe staffing levels according to people's needs and risks. This meant there was no system to identify when staffing levels needed reviewing. The manager was not able to assure us that people were receiving their one to one hours as commissioned.
● One staff member told us, "there isn't enough staff on shift for everyone to get their one to one. I think they rely on people declining it."
● There was no system to assure the manager that staffs' training records were complete and when mandatory training had not been completed. The provider used an online system for training which displayed that staff had completed online training, but 'in person' training was not recorded by this system. This meant that specific training such as first aid, diabetes and managing challenging behaviour training had expired.
● Some staff had asked for specific training for a medication they had responsibility for administering. One staff member told us, "I am relying on the information given to me. I want to be able to understand exactly what the dangers are and best practice."

The provider had failed to ensure there were sufficient numbers of suitably trained staff. This placed people at risk of harm and is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection, the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12(safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 around the proper and safe management of medicines. However, these improvements had not yet been fully embedded.

● Medications were stored safely and effectively. Processes to ensure medicines were stored at the correct temperature were now being followed.
● Staff did not always record the reason or time when they administered 'as and when required' (PRN) medicines. This has been addressed under the well-led key question.
● Protocols to administer PRN medicines were not in place at our last inspection. The service now had these in place, but they sometimes lacked personalised information to support staff to consistently identify when medication was needed.

Learning lessons when things go wrong

● When a medication error had been identified; there was evidence that staff were asked to complete a refresher of their training and their competencies were redone.

● Lessons were not learnt from accidents and incidents. Care plan and risk assessment reviews did not include information from recent accidents or incidents. This meant it was difficult for staff to learn from them and increased the risk of them happening again.

● 'Debrief sessions' were prompted on serious incident reports but these had not been completed. This included incidents whereby staff had to use physical interventions and when staff had been injured.

Systems and processes to safeguard people from the risk of abuse

● There were safeguarding policies in place and staff told us they understood their responsibility to report safeguarding concerns. Staff had completed safeguarding training and understood the signs of abuse.

● People and their relatives consistently told us that they felt safe at the service.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant services were not planned or delivered in ways that met people's needs.

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

- People were not always involved in decisions about their care or involved in planning their care. Care often appeared task focused.
- Staff were not informed of people's choices or preferences and were not aware of people's commissioned one to one hours or needs. There were no care plans in relation to this.
- We observed when people who declined or refused an activity, this was not explored further, nor were they offered an alternative by staff. There lacked an element of curiosity to ensure that people were making informed decisions about their care. One relative told us, "[Relative] refuses this and they just take this as a given. I am not sure what education they are giving her to support her decision making."

People did not receive an individualised and person-centred approach to their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which outlined clearly their preferred methods of communication and how they were best to get information in a way they understand it.
- One staff member told us that they had requested Makaton training so that they could effectively communicate with a person at the service but had not yet been offered it. The staff member informed us that this occasionally had a negative impact on the person they were supporting.
- There were mechanisms in place to ensure that people understood their care plans. There was template for an easy read care plan for one person, but this had not been completed. There was no easy read signage around the service for people in relation to COVID-19.

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

- There did appear to be activities taking place in the service, for example; one person showed us the arts and crafts they had made and there were photos and resources throughout the home which would suggest

activities were taking place.

● People did not always have choice in the activities they took part in. One relative informed us, "[Relative] get the funding for all these hours but has no activities they like. They go to Scarborough every so often, but that's because [Another person]'s family live there so they do it for convenience - it's not what [My relative] would choose to do."

● Staff told us that they chose activities dependent on staffing levels. More than one staff member informed us that they would put an activity on such as a "cinema night" so that people were easy to supervise rather than it being people's choice.

● One person had access to their own kitchen and wanted to gain living skills such as cooking and cleaning, but their records showed that staff frequently took a meal across to their kitchen which had already been prepared.

Improving care quality in response to complaints or concerns

● People we spoke with, including those who used the service, their relatives and staff knew how to make complaints and stated that the acting manager was approachable.

● We reviewed the provider's complaints records and found they had not always followed their own policy timescales and guidelines. We were informed of complaints raised by relatives which were not recorded by the provider and relatives had not received a response or update following their complaint.

End of life care and support

● People had care plans regarding their individual wishes and preferences for end of life care. There was no-one using the service who required end of life care at the time of the inspection.

Inadequate

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. The provider failed to mitigate the risk to people's safety. The provider failed to keep accurate and complete records. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There was no registered manager in post. It is a condition of registration that the service must have a registered manager. The service has not had a manager registered since September 2020. The provider has informed us of their current recruitment process and have taken steps to recruit a registered manager.
- There was no management oversight of how people's care or systems could be improved. Audits were being completed but found to be ineffective in light of the concerns found in relation to medication, infection control and staffing.
- Risks to people were not well managed. Risks and potential causes of harm to people were not clearly identified, mitigated or reviewed by the manager. There had been no leadership in ensuring staff were confident and had knowledge to respond to risks.
- There was insufficient oversight to ensure staffing levels were adequate. There was no assessment tool provided to identify how many staff were needed to support people.
- The manager had failed to notify the CQC of four incidents which had taken place at the service. The manager submitted these retrospectively but could not offer an explanation as to why this hadn't already been completed.
- One relative informed us of a recent incident which had occurred and they informed us they did not receive an explanation or an apology from the service. Relatives felt that the service failed to acknowledge their accountabilities at times.

The provider had not ensured systems and processes operated effectively to maintain governance of the service and compliance with their responsibilities. This was a continued breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were not always engaged and involved in their care planning. Relatives consistently told us that communication from the home was very poor, one relative said, "There is no communication from the home at all".

● Another relative informed us that they would have liked to have been involved in their relative's health appointments but was not always informed about them until after the event.

● The provider had created a "Resident's committee" for people from various homes to meet and be involved in the development of the service but there was little evidence of this being developed.

● The provider had sent out relative surveys annually but only two had been returned. Some relatives that we spoke with, said they had not received this. One relative stated they returned the feedback but had not had their concerns acknowledged.

Continuous learning and improving care

● Since the last inspection, the provider had implemented monthly quality audit visits by the nominated individual to support the service. However, there was no evidence of these being completed.

● The provider did not have an active improvement plan for the service; despite it previously being rated as requires improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● We found that the manager's response and terminology to a person's behaviours was not one that promoted a positive culture for people. We heard staff referring to people as "Kicking off" and "A liar" when discussing people's anxieties and distressed reactions.

● Staff told us that the manager was approachable and fair. However, staff also told us that the manager worked between two sites which meant they were was not always available.

● One staff member told us, "[Manager] has an open-door policy for everyone, staff and residents. Anything that is bothering me, I can go to them about anything."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to provide care and treatment of people which was individualised and consider personal preferences. People were not always receiving their care as assessed and commissioned in line with their needs. This was a breach of regulation 9 (1) (a) (b) (c).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of service users receiving care and treatment and to do all that is reasonably practicable to mitigate such risks. The provider failed to assess the risk of, and prevent, and control the spread of infections. The provider failed to ensure the premise used by the service users was safe. This was a breach of regulation 12 (1) (2) (a) (b) (c) (g) (h).

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure governance systems were identifying shortfalls in quality practice. Assurance systems were not robust and records were not always accurate. This was a breach of regulation 17 (2) (a) (b) (c).

The enforcement action we took:

Warning notice.