

The Park Gate Care Home LLP

Hamble Heights

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hamble Heights is a nursing home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service can support up to 60 people. Hamble Heights provides care for people over four floors, each floor providing specialist care to people living with different needs, for example, one floor delivers specialist dementia care and another residential care.

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

Relatives told us their loved ones were safe. However, environmental risks were not managed effectively; staff did not have regular fire evacuations to keep people safe. People's individual emergency evacuation plans were not always updated. We could not be assured risks associated with people's needs were always assessed appropriately or managed.

We found poor record keeping meant medicines were not always managed safely.

Staff did not receive regular support and one to one sessions or supervision to discuss areas of development and to enable them to carry out their roles effectively. Both staff and relatives felt there were not always sufficient staff on duty.

Health care professionals felt although they had seen some improvements in the general standards of care and effort from staff to improve processes over the past six months, they still had improvements to make to keep people safe and achieve good outcomes.

Overall, improvements had been made to governance systems, but these needed to be further embedded. Governance systems were not effective in promoting a person-centred culture and failed to ensure people received high quality care.

We were assured that most infection prevention and control practices were in line with current guidance. However, some improvements were required.

The service had started a programme to transfer people's care plans from a paper-based system to an electronic system. Staff felt this would improve the service and provide them with more current information.

Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. Staff were safely recruited, and we only received positive feedback about Hamble Heights.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 June 2021) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had not been sufficient or sustained and the provider was still in breach of regulation.

Why we inspected

This inspection was in part prompted by information received about areas of concern such as medicines, infection control and, staffing. In addition, at our last inspection of this service, a breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance in the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. At this inspection enough improvement had not been made and the provider was still in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last one consecutive inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Enforcement

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 have identified breaches in relation to safe care and treatment, staffing and good governance.

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, the local Clinical Commissioning Group (CCG) and the local authority (LA) 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hamble Heights

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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

One inspector carried out the inspection with the support of a registered nurse and a specialist pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hamble Heights 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and 11 relatives about their experience of the care provided. We spoke with 20 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager, clinical lead, director of health and care, maintenance manager, three registered nurses, chef, head housekeeper and 10 care staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four health professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Using medicines safely

- We looked at the use of medicines at the home and found medicines were not always managed safely. A health professional told us, "The home have had a number of medication errors since our involvement and often the reasons given for such errors have been due to agency staff when errors occur the home do not seem to look at how they can learn from these and reduce risk of further errors". Another health professional said, "I was asked to review a medication (calcium and vitamin D tablets) for a patient as she was struggling to take them – the medication had in fact already been stopped on a previous ward round".
- 'When required' protocols in people's care plans did not always include enough information to ensure the medicines could be given safely. For example, they did not always specify when these medicines should be given or when additional professional advice should be sought. Therefore, there was a risk that the use of when required medicines may be delayed if people could not express a need for the medicine.
- Topical medicines administration records were not always available for all topical medicines. Those that were available described where the product should be applied but did not state the frequency or when to seek additional advice. This meant there was a risk that staff may not administer medicines these medicines consistently, reducing the medicines effectiveness.
- Additional information to support the administration of medicines was not always available for staff. Copies of emails confirming changes to medicine doses were not always available. Therefore, there was a risk that people may not be getting their medicines according to the most recent directions from the prescriber.
- Most medicine administration records, MAR, were printed by the community pharmacy. Staff handwrote MAR's when a dose was changed midcycle or a person was staying for respite care. However, the template used to produce the handwritten MAR was of poor quality resulting in records that were difficult to read. There was a risk that staff could misread the handwritten MAR, and people could receive their medicines incorrectly. After the inspection in conjunction with the services community pharmacy a clearer template for hand written MARs were introduced.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines, including thickening agents were stored securely at the required temperature.
- People's allergy information was recorded in the care plans and medicines administration records.
- Following an external review, people's covert administration records (hiding medicines in food or drink)

had been reviewed and were being updated.

- Staff monitored the administration of medicines through a twice daily missed dose check.
- The service was implementing an action plan following external medicines reviews from the local clinical commissioning group and the services community pharmacy. These reviews identified similar concerns to those identified by CQC.

Assessing risk, safety monitoring and management

- We were not assured that risks to people had been assessed and plans implemented to reduce these. One health professional told us, "It is difficult to say that the home manages risks safely and effectively we as a team have been involved in a number of safeguarding's, especially in relation to falls. The home have received training in this area and therefore any resident at risk of falls should now have clear, robust care plans in place to minimise such risks". Another health professional said, "Staff appear to have an awareness of risk and will escalate their concerns. From a mental health perspective my main concern is a lack of staff present in the communal areas. Most residents present with a high risk of falls, they have challenging behaviours that need to be monitored to prevent potential incidents". Records showed that falls and incidents had reduced in the last few months.
- Records reviewed contained risk assessments, however these were documented in the care plans, for example, one person was at risk of choking on food or big tablets and staff needed to break his tablets in half, this was documented on his personal profile and when checking care plans under the risks section it was recorded 'no information has been added yet'. This was the same with their environment and safety care plan where records showed they were at high risk of falls as well as continence, nutrition, and hydration as well as the evacuation care plan. This was due to the provider using both paper manual records and online records throughout the year. This meant it was not always clear for staff as some staff were using manual records and some staff were logged on to the care records software. A professional told us, "Risk assessments are completed but these risks are not always reflected in the care plans. However, management advised they are moving over to a digital care system which will address such issues".
- After the first day of inspection the provider was training staff on the use of the online care system. On the second day of inspection the online system had gone live with staff issued with hand-held devices to access care plans and risk assessments. Which meant all staff now had access to the latest information to support people and keep them safe.
- Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation. However, for some people we found records were missing or people had the wrong room number showing in their records. We informed the registered manager and the missing records were located in people's files and placed in the PEEPS file.
- The provider had a fire risk assessment in place which stated that two full fire evacuations should take place annually for all staff. Records showed that seven staff members attended training in March 2021, but no actions or outcomes and further drills had taken place in October and November 2021 as well as false alarm drills throughout the year. This showed that staff were unaware of what action to take in the event of a fire. As a result, further fire drills had put on hold till the new year to provide staff with more extensive fire training. This had started and were continuing till all staff had received training before the end of the year. The registered manager was aware of these concerns and plans put in place to ensure staff knowledge in fire evacuation procedures.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. However, a report on electrical installation showed improvements were required. We spoke to the provider and plans were in place for improvements to be made in January 2022.
- A water risk assessment was in place and regular water checks were in place. However, water samples to check to see if legionella bacteria were present in the water had been stopped.

Staffing and recruitment

- We received mixed responses from relatives regarding staffing levels in the service. One relative told us, "They struggle when staff are off sick, but he is still well looked after". Another relative said, "There are definitely not enough staff, the staff are rushed off their feet 24hrs a day". Another relative told us, "There are a lot of agency staff, especially at night, it is confusing to [person's name] as so many changes of the night staff and wearing masks make it difficult to identify who is who". Other comments included, "Staff are very busy so sometimes she has to wait for a little while", "There seem to be plenty of staff there when I visit".
- There was significant use of agency staff at Hamble Heights. However, the provider assured us that agency staff had been booked well in advance when possible to ensure that staff known to Hamble Heights and who were familiar with people were deployed. A professional told us, "The care observed appears to be basic, in order for this home to improve then they would need to consider increasing staffing levels and re-evaluate the culture and leadership within the home".□
- On the day of inspection there was no evidence of staff rushing. When speaking to the two registered nurses on duty there were no concerns about not getting enough time to complete their tasks. Other staff spoken with felt staffing could be improved one staff member told us, "At times there may be a shortage of staff but this is when staff go sick and when staff had to leave due to non-vaccinated staff. There has been a big recruitment drive within the business to attract new staff. Certain floors require a higher ratio of staff and this is now happening". Another staff member said, "I do not feel sufficient staff are deployed to meet the resident's needs. On Strawberry [floor] and on Nightingale [floor], the needs of the residents are very high". Another staff member told us, "Most days we have sufficient staff on shift, but every day is different and there are always busy times".
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were kept safe at the service. One relative told us, "My brother is safe living there and the atmosphere is happy, and he is contented". Another relative said, "The communication and rapport from staff make me feel she is safe". Another relative told us, "The care she receives make me believe that she is safe and there is always someone around. She never looks or feels neglected".
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "I understand whistle blowing. Under the new inhouse management I would 100% feel confident I would get the support I need".
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Preventing and controlling infection

- The home looked and clean and there were no malodours. However, we saw some areas where improvement was needed to ensure areas could be cleaned appropriately to ensure safe infection control. We raised our concerns with the provider who informed us they have taken action to improve these areas and planned work was due to commence early in the new year.
- Cleaning records were not always filled in to evidence cleaning had taken place. For example, cleaning of high touch point areas such as light switches or handrails were not always kept. This meant management could not be assured that cleaning always took place. The registered manager had completed a cleaning

record checklist for high touch points to put in place during the inspection.

- When we entered the service, we saw there were control measures in place to minimise the introduction of COVID-19 into the home. For example, we had our temperature checked, used hand sanitiser gel and wore appropriate PPE. However, we were not asked to fill in a health questionnaire as required by government guidance and the provider policies. We brought this to the attention of the registered manager who had printed off health questionnaires ready for the service to introduce to ensure visitors were safe to enter the home.
- People and relatives, we spoke with were happy with the cleaning and infection control procedures. One relative told us, "We have to take a lateral flow test beforehand and wear gloves, masks and aprons which are supplied. Everywhere is clean and tidy". Another relative said, "When we arrive, we sanitize our hands, and they take our temperature, and they give us a mask and gloves to wear".
- 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed that staff had not been supported with regular one-to-one supervision meetings. Annual appraisals had also not been completed. Supervisions and appraisals provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "We used to receive supervisions monthly by our line manager, however, I haven't received one for approximately a year, probably due to the many changes in management". Another staff member said, "The supervisions are non-existent at this moment in time. When we used to have 'job chats' myself and many of my colleagues felt they were just filed away with the recycling. Very little was acted upon. With current management in house I cannot comment, as I have said they are non-existent at the moment". Other comments included, "I haven't had one-to-one time with my manager in some time, but I think this is due to change of management. I have however received a schedule in recent weeks with appraisal and supervision dates".
- The provider's policy stated staff should be supported on a minimum six supervisions a year. Without these, the provider cannot be assured staff have the right skills and support in place for them to effectively carry to their role. We were also concerned about the lack of supervision support at the last inspection. We spoke with the registered manager who was aware and had started to support staff and all staff were booked in for regular supervisions throughout the new year to ensure compliance.

The lack of effective supervision and appraisals for staff meant we were not assured people received care from staff who had the right skills and competencies to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. One relative told us, "The staff seems to be well trained and know what they are doing when they look after him." Another relative said, "I do think that staff are trained to look after my [person's name]". Other comments included, "We think that the staff are well trained and qualified to look after him", "I think that the staff are well trained".
- Staff praised the training provided and told us this had improved. One staff member told us, "I have probably learnt more in the last four months than in previous roles. I am confident and competent in my day to day job". Another staff member said, "I think the training now, is much more involved and has

improved". A health professional told us, "One member of staff that I met back in September displayed some really good knowledge with regards to dementia and challenging behaviours". Another health professional said, "In a recent discussion with management we were advised that nurses complete basic life support, BLS but care staff do not which is not something I have come across in other homes, and in light of the size and layout of the home may lead to a delay in a resident receiving emergency care if they have to wait for a nurse".

- Records showed that in the last few weeks training records had improved and now most staff had received training with 83% overall compliance and plans in place to improve this further. The manager told us, "I am working closely with our learning and development lead to improve these statistics. Initiatives are in place to raise compliance, and importantly develop of staff".
- Improvements had also been made to staff inductions when they joined the service. One staff member told us, "I know all new starters, including all new agency staff, have really thorough inductions. Things like laundry, waste disposal, where all PPE is kept, staff room, fire alarms, the list goes on. We have specific induction forms to complete, these are carried out by nurses, health care assistants, HCA's and Senior HCA's".

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. A professional told us, "Care plans were often generalised and did not reflect individuals needs / wishes, or how a condition impacts on their functioning. As a team we have provided care plan training however due to instability in staffing, many of whom we have trained have since left the service".
- Staff we spoke with felt communication could be improved and that they didn't always have time to read care plans. One staff member told us, "We do not have time to read care plans or risk assessments. We are just so busy the whole shift. If there is something, we are not sure on we will double check with a nurse or check in the care plans". Another staff member said, "Bringing in the new 'Nourish' (online care record) system. I think this will give staff more time to read through care plans. Staff are given new information, mainly by senior staff and the files are accessible for staff to read".
- Care plans provided information about how people wished to receive care and support. The care plans described people's needs in a range of areas including personal care, and daily living activities.
- There was no evidence of comprehensive reviews of care. Generic recordings showed 'no changes to care plan' on most reviews, and it was not clear whether families were involved in the reviews as there was no evidence on the records reviewed.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists. One relative told us, "Mum had lots of bruises and was unwell when she arrived at the home from hospital, now the bruises are gone and she is much better due to the nursing care, it's very good". Other comments included, "I am informed of any changes to my husband's health", "They know and understand his needs and they are met".
- Nursing staff spoken with were confident on how to meet clinical needs for people with physical health problems such as living with, diabetes, Parkinson's disease, seizures, ulcers and wounds. Records for wound charts, dressings and body maps were in place and no discrepancies seen, for example, one person had wound photographs and measurements to alert staff if improving or deteriorating that's mitigating to risk of infection.
- Health professionals we spoke with felt there were still improvements to be made. One professional told us, "There are some excellent carers within the service who are very keen to address issues such as

contractures, however unfortunately due to a high use of agency staff it has been difficult to embed any changes. Ideally, we would want homes of this size to have at least two champions in this area. To date, I have only been able to work with one identified champion, who on her own cannot embed or ensure changes are sustained around the management of contractures". Another health professional said, "I have witnessed some good healing of wounds by staff when visiting with one of my colleagues".

- One health professional felt more resources were needed and said, "I think the home are trying their best within the resources they have to support residents to maintain good health. However, it does concern me the number of residents that remain in bed due to the home not having alternative seating available. If residents remain in bed they are at high risk of contractures, skin breakdown and general decline in both their physical and mental health". The provider told us that chair assessments had been completed for the people who required them and plans were in place to source alternative seating.

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.

- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and decisions.
- It was not clear where mental capacity assessments were recorded as the service was using two systems. There was no evidence of mental capacity assessments on the software system for those records reviewed. One health professional told us, "I think the home feel that they do, however my own experience is that they do not always have the documentation to evidence this is the case".
- Most relatives we spoke with told us staff got consent for their loved ones. One relative told us, "[Person's name] is able to make some decisions for himself but they do involve me in decision making I have power of attorney, POA for his health and social care". However, one relative told us they had had negative experiences of how their family member's capacity had been addressed and the extent to which they had been involved or consulted despite being the person's legal representative for decision making about their health and welfare.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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

- People and their relatives we spoke with told us they enjoyed the food. One person told us, "Food is better than good, outstanding and the chef always comes up to make sure [I am] happy with food, and if don't like anything I can change my mind. Both chefs are really good and really care. Really listen to you, for example, all the puddings used to come with cream, and I don't like cream and they listened to me and now have a

choice of custard which is great". One relative told us, "He has plenty to eat and drink, he eats most things. He has choices for lunch and breakfast". Another relative said, "I have made suggestions like would it be possible to have menus, they have got better, and they have two options for lunch". Other comments included, "There is enough to eat and drink and can ask for alternatives and is never hungry".

- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with each other and with staff.
- We spoke with staff who were aware of people's dietary needs. One staff member told us, "We speak to our residents to find out what they like or don't like". Another staff member said, "Part of my role is managing the resident's nutritional needs. I audit every month for weight loss and changes in our residents. I meet with the chefs once a month to discuss our residents needs and changes. The chefs work tirelessly to try and improve their standards, and nothing seems too much trouble for them".

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

- People told us they were happy living at the home, and all felt it comfortable. One relative told us, "We can put up family and friend's photos in his room". Another relative said, "It has a well-kept garden and a well-maintained building; it has lovely views". Other comments included, "The place is spotless; I took my son to visit, and he was most impressed", "It is clean and pleasant and no unpleasant odours, his room is amazing".
- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there.
- The home was suitable to meet the physical care needs of people with wide corridors and doorways, and bedrooms large enough for the use of any specialist equipment required.
- Each person had their own ensuite room and these were personalised with their belongings.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

During the previous inspection in January 2021 we identified a lack of effective leadership, poor record keeping and poor governance. This was a breach of regulation.

At this inspection we found improvements had been made, however, there was a need to sustain the improvements made and to make further improvements.

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

- At the time of inspection there was no registered manager in place and the service had been without a registered manager since October 2020. The service had previous managers in place in the past, but they had not stayed.
- A new manager had submitted their application to become the registered manager. Feedback about the new manager was positive and relatives and staff felt they were approachable and supportive.
- The governance arrangements needed to be strengthened and developed.
- Whilst several audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection such as the concerns about the medicines, infection control, as well as improvements still needed to the environment. We also found some audits did not show where other improvements were needed, for example call bell audits.
- Care records had been transferred from paper to electronic records in the service and staff were not always clear on what was required. However, the care plans had now fully transferred to the online system and the provider was hoping to see improvements. One staff member told us, "I think now we are going forward with the new Nourish system this will benefit recording and documenting more effectively that I have felt required improvement".
- A health professional told us, "There have been frequent changes within the staff and management team during the period in which we have been supporting the home. This has proved to be difficult when establishing relationships between myself and the home. Some of the concerns regarding this include: Frequent occasions whereby I cannot reach the home via phone as no response. More recently I have sent two separate emails to the manager offering further training with no reply. I have had to cancel training sessions as they have not provided enough staff to attend". We have been informed that the service has just recently upgraded their telephone system to improve communication.

- "I think it is difficult for a home that is so dependent on agency staff to ensure that they provide consistent high quality care. On a couple of occasions, I have visited to find that palm protectors, despite being labelled, had been placed on the wrong hands and slings were not fitted correctly. This should not take an outside professional to identify, however the home have now assured us the manager and clinical lead complete daily walk rounds to check that issues like this do not occur". Management told us they were completing daily walk rounds and improvements had taken place. However, records did not always show these were documented daily as there were gaps in records.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate enough improvements had been sustained to ensure the service was effectively managed. The above evidence is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

- People and relatives were happy with the new managers. One relative told us, "They have recently changed management; a couple of the previous ones were a waste of time. The new manager is very approachable". Another relative said, "I now have confidence in the management, I have not had that for a while. We have been told of their commitment to try get more staff". Another relative told us, "I know who the manager is, she is approachable. I feel at ease to speak her and the staff they are all friendly". Other comments included, "If we have an issue and the manager is not there, she will get back to me", "The management know what they are doing, it's all calmed down now".
- A health professional told us, "I am aware the current management have worked hard to try and promote a positive culture within the home. This has not been easy due to instability within the staffing with many leaving and the high use of agency".
- Staff also felt supported by the new management. One staff member told us, "The manager is relatively new to the role but from day one I have found her approachable, easy to talk to and very supportive. I am more than happy to raise any concerns to her or the clinical lead". One staff member said, "I am able to raise concerns with the management and they seem to be open and try to help, but often times it feels like they're blocked by the upper management. They do have the potential to turn this home for the better if they had more financial support from the upper management. Not talking about higher pay here but for staffing and the improvement of the service". Other comments included, "I've had many, many managers here at Hamble Heights, some good, some bad. Our current manager is very approachable and listens to me, so I feel able to raise any concerns to her", "At present staff morale is very good and I think [managers name] has a lot to do with that, everyone I feel is positive or they come across as being positive".

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

- There had been a lack of positive leadership and guidance in the home through the amount of managers that had come and gone through the service which had led to people not always achieving good outcomes.
- Health care professionals felt although they had seen some improvements in the general standards of care and effort from staff to improve processes over the past six months, they still had continued general concerns which did not always achieve good outcomes for people.
- They provided us with some examples. One health professional said, "There continues to be a lack of communication between staff which prevents management plans from being carried out as directed. We find ourselves having to repeat advice causing delays in patient care. There can seem a lack of a person taking responsibility for a plan being completed, regularly being advised 'I thought that had already been done' etc. when we are forced to chase a blood test / agreed action".
- A health professional also told us of concerns regarding equipment in the home. They told us, "The home has very basic seating available to them which often does not meet the needs of the more complex residents

who reside in the home, therefore often residents are being left in bed. I have suggested the home consider purchasing some alternative seating that could be shared among the more complex residents and have been advised this is in hand however as, yet this has not occurred".

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate enough improvements had been sustained to ensure the service was effectively managed. The above evidence is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance

- People and most relatives were happy with the care. One person told us, "Very happy with the care, it's great". A relative told us, "I would recommend the home it is spacious and well kept, a little like a hotel. Mum is genuinely happy here". Another relative said, "It is a relaxed and friendly environment". Other comments included, "I would recommend here to anyone", "It is a very happy environment". However, one relative said, "Things have got worse in the last few months, not better".
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.

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

- Relatives felt communication had improved since the last inspection. One relative told us, "The secretary is particularly good; I email her concerns and she always responds. They know what they are doing". Another relative said, "We are kept informed by email or in person about changes and the notice board is up and updated". Another relative told us, "Since the new management and clinical lead and receptionist, there is a huge improvement. It is pleasant to walk into the building and they always return your calls". Other comments included, "They are much friendlier now, all the ones I wasn't happy with have gone now", "They have very good staff now". However, one relative felt improvements were required still. They told us, "We never receive calls from management unless we have complained. There is no proactive communication regarding our relative. Despite numerous meetings and promises, agreed actions are not followed through".
- Relatives meeting were also in place now to keep people up to date on latest developments. One relative told us, "They now invite family to meetings; this was not done before". Another relative said, "At the family meeting, there were lots of angry people, I have had the minutes of the meeting and some areas have been actioned like menus, information on notice board and generally keeping people updated. And there was an issue with people not making appointments for visiting". Another relative said, "They do seem to communicate now quite well with relatives".
- The service used to seek feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. However, this had fallen behind, and we were informed this was being sent out in the new year.
- We could not be assured that complaints had always been responded to. We saw many complaints had been actioned, but some had not been investigated fully and a full response given. Two relatives we spoke with felt their complaints were not fully responded to and gave us examples of where they were still awaiting responses to their complaint. One relative told us, "No formal response has been received despite being assured in writing that, we are investigating your complaint and will come back to you as soon as possible with a full and formal response".
- Staff were supported by meetings and daily handovers. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Most staff we spoke with felt these were beneficial and felt listened to. However, one staff member told us, "Team meetings are held as and when. There are 'Teams' links to them so if you are unable to attend then you can do it via the internet. I don't think they are really helpful, especially when no minutes are emailed out

afterwards, which then leads to speculation and rumours". Records showed and the provider told us that minutes were sent out to all staff after staff meetings took place.

- All the staff we spoke with felt morale was high and staff really enjoyed working at the service. One staff member told us, "I think this is one of the best care homes I have worked in for morale and a good sense of teamwork. I have worked in many homes both full time and as an agency [worker] so know a good one when I see one". Another staff member said, "I am the happiest I have been in any job. I don't feel like I am working in the sense I just enjoy every aspect of it. This is down to the challenge to make Hamble a better place to live and work and the satisfaction of seeing things change for the better. There are many challenges on a daily basis, but we just keep moving forward together as a team". Another staff member said, "All I would like to add is that I work with some of the loveliest people and residents. What I see around me every day is inspiring. Laughter and fun, hugs and companionship, staff pulling together every day to make the residents at Hamble live an extraordinary life every day. I am very proud of all the team and I wouldn't wish to be anywhere else".
- All the people and relatives we spoke with praised all the staff and felt they were wonderful and caring and always had a smile on their face.
- The service worked in partnership with the local doctor's surgeries and community health teams. One health professional told us, "It has been difficult to establish true partnership working due to a number of management changes and staff changes during our intervention".

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to ensure medicines were safe and monitored effectively. This is a breach of Regulation 12 (2) (b) (f) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effectiveness of the governance arrangements to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks. This was a continuing breach of Regulation 17 (2) (a) (b) (c) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had been supported through supervisions and appraisals. This is a breach of Regulation 18 (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

