Milewood Healthcare Ltd

Harlington House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Harlington House is a residential care home providing personal care to 14 people, at the time of the inspection. 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.

People's experience of using this service and what we found
Safe infection prevention and control (IPC) practices were not in place. IPC and COVID-19 policies were not regularly reviewed to reflect government guidance. IPC practices overall required further improvement. The provider took measures to improve these areas following our inspection.

Risks to people were not always managed effectively. Staff were not aware of individualised risks to people and records did not provide robust guidance putting people at increased risk of harm.

Medicines were not always managed safely. Medicines were not stored appropriately and records relating to medicines were not always accurately completed.

Systems in place to monitor the service had not been effective as they had failed to identify and address areas that required improvements. Records were not always accurate and up to date.

People were safeguarded from the risk of abuse. The service worked in partnership with relevant authorities and health professionals to keep people safe.

There was a positive culture at the service. People living there were happy. People and staff were involved in making changes to improve the service.

People were supported to have maximum 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.

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 able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximised people's choice, control and independence. People's dignity, privacy and human rights were respected. They were encouraged by staff to

lead inclusive and empowered lives.

Rating at last inspection
The last rating for this service was good (published on 18 June 2018).

Why we inspected
This inspection was prompted through our intelligence monitoring system. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.
We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. The provider has taken some action since the inspection to mitigate risks.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harlington House on our website at www.cqc.org.uk.

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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 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
Two inspectors and an inspection manager carried out this inspection.

Service and service type
Harlington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. Being registered means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, compliance officer, a senior support worker, and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 one staff member, one relative and one professional who regularly visits the service.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to 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.

Preventing and controlling infection

- The provider had not ensured current government guidance was followed to lower the risk of transmission of COVID-19. This included the use of Personal Protective Equipment and adhering to social distancing.
- Best practice was not always followed in relation to Infection Prevention and Control (IPC). For example, we identified during inspection that most staff were wearing jewellery and/or watches. This demonstrated that staff were not following the provider's IPC policy.
- The IPC and COVID-19 policies were not regularly reviewed. They were not reflective of current government guidance.
- Since the inspection the provider has taken steps to improve the shortfalls in IPC practice within the service.

IPC was not being effectively managed. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's risk assessments and care plans did not always reflect current risk and needs. Guidance to minimise risk was not always in place for staff to effectively respond and keep people safe.
- Staff did not have knowledge of individual risks to people. Two staff members were not aware of the risk relating to one person putting this person at increased risk of harm.

The provider had failed to effectively assess, review and manage risk to people's safety. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Protocols to guide staff regarding when to administer 'as and when required' medicines were not always in place. This increased the risk of medicines being inappropriately administered.
- Records relating to medicines were not always accurately completed. There were gaps and incorrect codes used within the administration record for one person.
- One person's medication assessment lacked detail regarding who should administer their insulin. This made it difficult for staff to know the agreed procedure and therefore increased the risk of error.

● Medicines were not always stored correctly. Unopened insulin medication was stored in the trolley rather than the fridge. This had the potential to impact upon the effectiveness of the medication.

The provider had not ensured the proper and safe management of medicines. This increased the risk of potential medicine errors. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Staff received regular medication training and competency assessments.

Systems and processes to safeguard people from the risk of abuse

● People living at the service felt safe. One person told us, "I love it here, this is my home. I feel safe here."

● Staff received safeguarding training. One staff member told us, "It is updated yearly. I would report straight away to my manager and other people and agencies."

● There was a detailed safeguarding policy in place. The service was reporting safeguarding incidents to the relevant authorities.

Staffing and recruitment

● Processes were in place for staff recruitment. We identified improvements were required regarding some recruitment records. For example, staff risk assessments and recording full employment history. The provider agreed to address this.

● There were enough staff to meet people's needs. One person told us, "Yes there are enough staff and I get on with them well."

Requires Improvement

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 did not always have oversight to support the delivery of high-quality, person-centred care.

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

- The service did not have a manager registered with CQC; however, there was a manager in place providing cover, who is registered with CQC for a different care home, run by the same provider.
- The service lacked managerial oversight regarding record keeping and governance processes. Audits did not always identify shortfalls and drive improvements required in a timely manner.
- We found that where shortfalls had been identified action had not always been taken. For example, the provider had reviewed incidents and identified people's records required updating. This had not been completed.
- Records were not up to date. Shortfalls were identified in care planning, managing risks, medicines recording, infection control practices and recruitment.

The provider had failed to keep up to date and accurate records. Systems in place did not effectively monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider submitted appropriate notifications about significant events that happened within the service, for example, safeguarding concerns were reported to the local authority and CQC.

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

- We observed during inspection that the manager had positive interactions with people living at the service.
- Staff had regular supervision, staff meetings, and felt supported. One staff member told us, "The manager is open to us raising concerns."
- One external professional told us, "Changes in staffing and increased support from the management team have had a positive impact on culture at the service."

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; Working in partnership with others

- The service was open and honest with the local authority safeguarding team and CQC when accidents and incidents had occurred at the home.
- The service worked in partnership with key organisations such as the local authority and community

nurses. We received positive feedback regarding partnership working. One health professional told us, "Senior staff are very good at sharing information" and, "The manager and senior staff are brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were happy with the service. One relative told us, "When [name] gets upset I've heard the staff say come here [name] you are ok. Let's go get a cup of tea."
- People living at the service had the opportunity to provide feedback via questionnaires and meetings. These were analysed and action plans put in place to make suggested changes.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to effectively assess, review and manage risks to people's safety. The provider had not ensured the proper and safe management of medicines. Regulation 12 (2) (a) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider 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. Regulation 17 (2) (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 was not effectively managing infection prevention and control to lower the risk of transmission of Covid-19. Regulation 12 (2) (h)

The enforcement action we took:

Notice of Decision to impose urgent conditions on the providers registration. This condition has now been removed because the requirements have been met.