

HC-One No.1 Limited

The Harefield Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Harefield Care Home offers accommodation and personal or nursing care for up to 40 people, some of whom are living with dementia. The accommodation is provided in two ground floor units in a purpose-built building. There were 39 people using the service at the time of our inspection. The service is part of HC-One No.1 Limited, a large organisation which operates over 300 care homes across the United Kingdom.

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

Not all the risks to people's safety and wellbeing had been identified. During our inspection, we found some cleaning products, prescribed thickener and toiletries including razors were not locked away safely. This meant people may have been at risk of avoidable harm.

People's monitoring charts were in place where these were needed. However, the recording of these was not always accurate or regular. This meant we could not be sure if this was a recording issue, or if people were not always supported with repositioning as required.

There was usually enough staff on duty to meet the needs of people who used the service. However, on the day of our inspection, all permanent staff were on training and the home was staffed by agency staff, some of whom had never been at the service before.

Although there were systems in place for the prevention of infection and cross contamination, and we saw cleaning taking place, there was a malodour in one of the units which persisted throughout the day of our inspection.

Care and support plans were comprehensive, although at times difficult to navigate and find information. However, they contained the necessary information about the person and how they wanted their care provided. People's communication and healthcare needs were recorded and met. People's end of life wishes were recorded in their care plan. This included their religious and cultural needs and how they wanted their care when they reached the end of their life.

Although the provider's monitoring checks had not identified the safety concern we found on the day of our inspection, we saw evidence these had continued to improve since our last inspection. The registered manager took immediate action to ensure these concerns were addressed promptly.

People who used the service received their medicines safely and as prescribed. The provider had processes for recording and investigating incidents and accidents. We saw that these included actions taken and lessons learned.

There were procedures to help make sure staff were suitable and had the skills and knowledge required. These included recruitment checks, regular training and supervision. People and relatives were happy with

the care they received and acknowledged there had been improvements since the new registered manager had been in place. They said the care staff were kind and met their individual needs. People were supported to take part in activities they liked.

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 (published 28 July 2021) and there was one breach of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out this inspection to look at the key questions we had not inspected at our last inspection and to check if the provider had made the necessary improvements.

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.

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

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

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

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 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Harefield Care Home

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 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 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

The Harefield Care Home 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. The Harefield Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 professionals who work with the service. 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 spoke with three people who used the service and five relatives about their experience of the care provided. We also carried out observations of the care and support people received throughout the day. We spoke with 10 members of staff including the area manager, registered manager, nurses and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the inspection, we reviewed a range of records we requested from the provider. We also received email feedback from two healthcare professionals involved with 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

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

At our last inspection of 29 June 2021, we found 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 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although improvements had been made to the safety of the building, we found other safety concerns.

- Not all risks to the safety of people who used the service had been assessed and mitigated. We found some cleaning products in unlocked cupboards in a bathroom, sluice room and kitchenette. The sluice room was fitted with a coded lock but this was left unlocked. We observed a number of staff go in and out of the room, but they did not lock it when exiting.
- We also found in one of the bathrooms, some toiletries and razors were left on the basin and in the bathtub. We showed these to the registered manager who immediately removed all products and addressed this with staff.
- In one of the kitchenettes and dining room cupboard, we found some prescribed thickening powder for two people and one prescribed nutritional drink. We asked a member of staff why these were left in the cupboards and were told the thickener was added to the people's drinks as prescribed. If these were accessed and misused by anyone, they could present a choking risk. The staff were unable to give us an explanation as to why these items were not locked away.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the home was generally clean and we saw cleaning being carried out throughout the day, there was a malodour in one of the units which persisted throughout the day. One relative commented, "I know they can't leave the doors and windows open but they could surely install some electronic air fresheners." This was fed back to the provider who told us they would take appropriate action.

We found no evidence that people had been harmed but the provider had not ensured that all reasonably practicable steps were taken to mitigate risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider met with the staff to discuss the safety concerns we found. We saw evidence the registered manager and deputy manager were frequently walking around the building

checking the environment and had not found any concerns previously.

- The staff had assessed individual risks to people. These included risks relating to health conditions, skin integrity, moving safely, the risk of falling and nutritional risks. The assessments were reviewed each month and updated when people's needs changed.
- One person's poor health had contributed to them developing a pressure ulcer. We saw they had a skin integrity risk assessment and plan of care in place and these were regularly reviewed. There was also a wound care plan in place which contained detailed instructions for staff on how to manage this. For example, how often dressings needed to be changed, the medical professionals involved and how to provide appropriate care to prevent deterioration. We saw evidence of a referral to the tissue viability nurse for further advice and support. We also saw evidence the person's care in terms of skin integrity was regularly evaluated and close monitoring was ongoing.
- The environment had been safely maintained. The staff completed checks on health and safety, including checks on equipment to make sure this was safe to use. There were appropriate procedures to ensure fire risks were minimised. These included training for staff, regular checks on equipment and plans describing the support each person needed to evacuate in an emergency.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There was usually enough staff on duty at any one time to provide care and support to people who used the service. However, on the day of our inspection, most of the permanent staff had been booked on a training course and the home was staffed by agency staff, some of whom had not been at the service before and did not know people or their routine.
- However, the training which was arranged to take place on the premises was cancelled. The registered manager arranged for some of the permanent staff to come back to work promptly and people received support as needed. However, they acknowledged it was not a good idea to book all staff on training and told us they would ensure not to do this in future.
- The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed inductions, where they shadowed experienced staff and their skills and abilities were assessed by senior staff. These systems helped assure the provider staff were suitable and could carry out their roles.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. People told us they felt safe living at the

service. Relatives agreed and told us they felt their family members were safe and well looked after.

- The provider had a safeguarding policy and procedure, and staff received training in this. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns.
- The staff we spoke with understood their duties to protect people and were aware of the whistleblowing policy.

Using medicines safely

- People received their medicines safely and as prescribed including controlled drugs. The provider used a medicines electronic system, and this was clear and effective. We checked medicines storage, a range of electronic medicines administration record (e-MARs), and medicines supplies. All prescribed medicines were available at the point of need and the provider had made suitable arrangements about the provision of medicines for people. Medicines were stored securely in locked medicines cupboards or trolleys.
- Fridge temperatures were taken each day (including minimum and maximum temperatures) and were found to be within safe range.
- People obtained their 'when required' (PRN) medicines at a time that was suitable for them.
- Some people received their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly and in line with legislation and recommended guidance.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager had a procedure for recording and learning from incidents and accidents to help prevent these would not happen again.
- We saw records of these were detailed and included date and time, location, any witnesses and who was involved. There were body maps to record any injuries or bruising to the person. Accident records detailed how and what happened, immediate action taken and measures in place to prevent the risk of reoccurrence.
- When a person had a fall, the staff completed a post falls checklist which reminded them of the actions they needed to take, such as completing an accident form, 24-hour observation record, contacting the family and completing a body map. We also saw evidence of post falls checks, such as every 15 minutes for the first hour after the fall gradually increasing to four hourly for 48 hours.
- The provider completed a root cause analysis of any clinical incidents that occurred. This enabled them to understand how these happened and how to ensure they would not happen again in the future.

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 our last inspection we did not inspect this key question. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs prior to them moving into the home.
- Pre-admission assessments were comprehensive and included all important information about the person and their needs so the provider could ensure they were able to meet these.
- We saw evidence that information gathered during the pre-admission assessment was used to write the person's care plan and develop this over time to be person-centred with the involvement of the person and their relatives.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained, supervised and appraised. Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and improve their practice.
- New staff were provided with an induction into the service which included training. They were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. They also took part in training specific to the needs of the people who used the service. This included dementia awareness, epilepsy and end of life training.

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

- People's dietary needs were recorded in their care plans and met. People who used the service told us they enjoyed the food on offer and were given choice. One person stated, "The food and choice are fantastic. Even if there is something I don't like on the menu – very rarely – they will make me something I like" and another said, "The food is great here – three different choices a day and it's all so nicely cooked and presented."
- People's care plans contained 'Diet and fluid notification records'. These stated any allergies or intolerances, if the person required any assistance with eating or drinking, and any specific dietary or cultural preferences. Two people required specific meals to reflect their country of origin and the chef cooked these meals for them.
- The chef liaised regularly with people who used the service to help ensure they knew their preferences and provided food which people liked. The registered manager told us, "The cook now understands the reasons for necessary change. [They are] cooking culturally, in abundance and variety, ensuring choice at point of

service is given. [They are] more invigorated, motivated and have taken true ownership of the kitchen."

- When people were at risk of malnutrition, the provider used a Malnutrition Universal Screening Tool and where necessary, referred people to relevant healthcare professionals such as Speech and Language Therapists. Some people received input from a dietician and were prescribed food supplements.

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

- People were supported to access external healthcare services. People's care plans clearly described their healthcare needs and how to meet these.
- The registered manager told us they had a good professional relationship with the local authority, and healthcare professionals who supported them and regularly visited people, such as the district nurses and the GP. A healthcare professional stated, "Staff know how to contact me and do so. I have recently offered and delivered one training session around nutrition and when to refer to a dietitian."

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

- The environment was suitable for the needs of the people who used the service. However, although communal areas had been updated, some relatives told us individual bedrooms could benefit from an update. One relative said, "[Family member's] room could do with a bit of a makeover. The bed is comfortable, but the furniture is old and tired looking. The walls need painting and the floor replacing. All of the communal areas have been done, but [family member] spends most of the time in [their] room.
- The corridors were well lit and wide enough to enable people to circulate safely, using the handrails provided.
- Most people's bedrooms were personalised and looked homely. In the dementia unit, there were memory boxes outside bedrooms which contained photographs and meaningful objects so the person would recognise their rooms more easily.
- There were framed posters of film stars of the past and displays of photographs and artwork. There was appropriate signage to facilitate the orientation of people living with dementia.
- Bathrooms were well adapted for people's needs with enough room to accommodate wheelchairs and hoist if necessary.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People using the service told us the staff asked for their consent before providing care and we saw

evidence of this during our inspection. They said staff gave them choice and respected their wishes.

- Where necessary, the provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully.
- Mental capacity assessments were in place and regularly reviewed and the care plans clearly reflected the support people required to make decisions.
- All staff received training in the MCA and had a basic understanding of the principles of the Act.

Is the service caring?

Our findings

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

At our last inspection we did not inspect this key question. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff were respectful of their privacy, dignity and independence and we saw examples of this during our visit.
- The staff supported people with their personal care needs in a respectful and discreet way. We saw they knocked on people's bedroom doors before entering and spoke to them in a gentle and caring manner.
- People were supported to be independent where they were able. Care plans recorded people's skills and the things they could do for themselves. They confirmed staff encouraged them to be independent when they wanted to be.
- We observed lunch in both units and saw people were given choice of meals and were consulted throughout mealtime. In one unit, where people had complex needs, there were adaptations in place to enable them to maintain some independence and eat by themselves, such as plate guards.

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

- People were treated kindly and respectfully. One person told us, "The staff here are very caring and responsive – when I ask for something I usually get it." A relative agreed and said, "Now [family member] is here, I would not move [them]. [They are] very settled and happy."
- Throughout the day, we observed staff attending to people in an unrushed manner. Where they needed personal care, this was done discreetly and with respect for the person's privacy and dignity.
- The provider had an 'Equality and diversity' policy. Staff understood how to support people according to their individual characteristics. The provider told us they were not currently supporting people from the Lesbian Gay Bisexual and Transgender (LGBT+) community.
- The staff told us they supported people from different cultures and religions and there were wellbeing care and support plans in place. These specified the person's background, hobbies and activities they enjoyed and their preferences, any family involvement and hopes and aspirations. People's life stories were recorded so staff would know about them and this facilitated conversation.

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

- People were supported to express their views and be involved in their care. People's views were obtained during meetings, surveys and one to one conversation.
- People confirmed they were consulted in all aspects of their care. Relatives confirmed the staff and management team were approachable and listened to them. They were invited to events and meetings at the home and felt involved.

- People were consulted in relation to the gender of their care worker, and this was respected. However, one relative told us, "There are lot of male carers. I think they could get some more female carers." We discussed this with the registered manager who told us, "We do have more male than female carers, however there is at least three female care staff on either side of the unit, plus all female night carers and nurses. It does not present problems when it comes to gender choice. People do get a choice." Documents we looked at confirmed this.

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 for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People's needs were recorded and met. Care plans were detailed and developed from the initial assessments. They contained people's life history which contained details about their childhood, family members, hobbies and interests. Care plans were regularly reviewed and updated according to people's changing needs.
- Healthcare professionals felt people's needs were being met and had no concerns. Their comments included, "The care home manager and nursing lead are always responsive to my visits. I have not observed any resident's needs not being met during my visits."
- The provider used a 'Dependency assessment' to determine the level of care a person required in a range of areas such as eating, transferring, personal care, oral care and mobility. Based on this, they ensured the person received the correct support from staff. This was regularly reviewed in line with people's changing needs.
- Where people had specific needs, we saw relevant information was recorded. For example, one person who lived with epilepsy had a 'management of epilepsy' care plan in place. This included what actions to take and not to take in the event the person had a seizure. However, there was no information for staff on how to recognise the signs of a seizure. We discussed this with the registered manager who ensured this information was provided and added to care plans without delay.
- The staff recorded the care they gave to people throughout the day. We saw evidence the care notes were recorded in a person-centred manner and included all aspects of the care given throughout the day and night.

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's communication needs were recorded in their care plans and met. One person was unable to communicate due to their health condition. Their care plans specified for staff to anticipate the person's needs by close monitoring and observations and to ensure they explained everything they were about to do to, 'put the person at ease and not cause them any anxiety and stress'.

- People had communication care plans and risk assessments and these were regularly reviewed and updated as necessary.
- Care plans specified how staff should communicate and engage meaningfully with people who had difficulties with this. For example, staff used non-verbal communication and gestures, eye contact and interpretation of body language, writing and pictures. We saw evidence of this during our inspection.

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

- People were supported to undertake activities they liked and these were recorded in their care plans. People and relatives told us the activity provision was good and people enjoyed taking part in activities of their choice. One person told us, "We went out yesterday to visit a garden centre. It was very nice to go and see other places. I can't wait for the next outing." A relative agreed and said, "The activities are very good... the staff seem very keen on making sure as many residents participate as possible. Even if [family member] can't join in the bingo they will do a card for [them] anyway and tell after if [they] won or not. That's a nice thought."
- There were activity boards displaying activities planned for each day and an activities coordinator provided activities from Monday to Friday. The provider told us they were planning to extend this to seven days a week and some evenings.
- The provision of activities had improved since our last inspection and people enjoyed a wide choice of indoor and outdoor activities including outings. The registered manager told us, "We requested and were granted a minibus. We facilitate weekly outings."
- The provider was developing an 'indulgence room'. This was to provide a range of services such as nail bar, foot pampering and hairdressing. A member of staff told us, "Nowadays it's changed – there are more activities and it makes the residents feel much better."
- People who used the service were involved in the creation of an edible garden, produce of which the chef was using in daily meals. One person told us, "The garden here is like mine at home – it's wonderful. We can plant our own flowers and grow our own vegetables."
- We saw photographic evidence of a variety of events and parties held at the service showing people enjoying themselves. For example, a jubilee celebration, homemade pizzas baked outdoors and catering individual topping choices, and a barbecue afternoon. The registered manager told us, "It was all home cooked, specifically around cultural needs, like jerk chicken, lamb roti kofta and home-made burgers."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to appropriately and in a timely manner. People who used the service knew how to make a complaint.
- There was a complaints policy and procedures in place and this was available to people who used the service. We saw evidence that complaints were investigated thoroughly and the complainant responded to. The provider issued apologies and discussed concerns raised during team meetings so the team could learn from these and make improvements.

End of life care and support

- People's end of life care needs were recorded in their care plans. These included how the person wished to be cared for at the end of their life, and the support they required to achieve this. For example, one person wished to be cared for at the home, and for their family member to be contacted.
- The staff received training in end of life care and knew how to support people at the end of their lives.

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 remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Although the provider had improved their systems for monitoring and improving quality, on the day of our inspection, systems and processes had not ensured risks were managed or that people received quality care.
- Monitoring systems had not identified that cleaning products, toiletries and thickening powder were left in unlocked cupboards, and this put people at risk of harm.
- Monitoring systems had not identified that staffing the home with agency staff put people at risk of not receiving care and support that met their needs.
- Monitoring systems had not identified that there was a malodour in one of the units.
- Monitoring systems had also failed to identify that some repositioning charts were not completed accurately and regularly and there was a lack of information for staff to recognise the signs of epilepsy.

We found no evidence people were being harmed. However, failure to effectively operate systems and procedures to monitor risks and improve the quality of the service was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence checks of the environment were frequent and had not identified issues prior to the inspection. The registered manager took immediate action once aware of the concerns and we were reassured they put robust systems in place following the inspection to prevent the risk of reoccurrence. They also assured us they took appropriate action to help ensure the staff improved their practices on a daily basis.
- Other checks undertaken were effective and included monthly care plan reviews, safeguarding concerns, medicines, people's weights and nutritional needs. This helped ensure information about people's health and needs were up to date and accurate.
- The provider kept a log of all compliments they received. These were displayed on the wall for people to read.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the service had improved and was inclusive.

- Relatives told us they had noticed a change of culture in the home. A relative said, "It's a lot better now that it is under new management. It's improving all the time" and another said, "Compared with a year ago this place is so much better. We had contemplated moving [family member] but felt the upheaval would have been too much for [them]. I'm glad now we didn't do anything."
- People who used the service and relatives thought highly of the registered manager. Their comments included, "[Registered manager] is very approachable and more often than not we see [them] walking round during our visits – seems very hands on", "When I ask [Registered manager] for something to be done, it will be done" and "[Registered manager] pops in for a chat every now and again. I know [they are] very busy but I'm so glad [they] can find the time."
- The registered manager told us they had worked hard to make changes and improvements to the culture of the home, and the staff had responded well to this. They said the staff were eager to learn, to please and to succeed and were motivated to improve.
- The registered manager encouraged all staff to work as a team and in the same direction. They told us, "Every department is feeling the accountability and responsibility they have towards the team, a more unanimous approach" and "The change in culture has been the biggest and most important in aiding the subsequent changes to happen, it is like a foot in the doorway."
- The staff were positive about the management and ongoing improvements taking place. Their comments included, "It's improved here recently. We have monthly staff meetings and get good support", "There was a shortage of staff a year ago – that's now much better. There are more staff and the management team is very supportive and you can go to them at any time" and "The manager is very good and very supportive. [They are] out (on the floor) every day and is easy to talk to and very helpful."

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

- The provider understood their responsibility in relation to duty of candour. They informed the relevant bodies of all incidents, accidents and complaints and responded to these in a timely manner.
- The senior team told us they thought it was important to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised.

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

- The registered manager had been in their current role since May 2022. They were supported by a deputy manager, nurses and care workers. Their line manager provided regular support and supervision, and undertook internal checks and audits.
- The registered manager was aware the home had been rated requires improvements at the last three inspections. They had worked hard to make improvements in the home and involved the staff team to help ensure everyone worked in the same direction to make the home a good place for people who used the service. They told us, "Over the past couple of months, new staff are settling, developing within their roles and most importantly forming relationships with the residents."
- People, relatives, staff and professionals told us there was a better atmosphere at the home, people were happier and standards were higher. The registered manager stated, "I feel that staff are understanding good practice and care, change is happening voluntarily from within. A lot of the staff do not come from a care background, so it is new to them, hence a lot of training, teaching, showing is needed in order to boost their confidence in being able to deliver high quality care, we are still not at the high end spectrum, my standards are high and I need patience and time to bring the team together as we share the vision and goals." They added, "What was previously permanent warning lights on my radar are now flickers."

Working in partnership with others

- People and relatives were consulted via yearly quality surveys and regular meetings. This gave them the opportunity to discuss any concerns they may have and share important information. At the time of our inspection, the provider was waiting for questionnaires to be returned.
- Some relatives told us communication was not always as good as it should be and there were sometimes staffing issues and a lack of consistency. However, we saw evidence these issues were raised in a recent meeting and action to make improvements was being taken.
- The management team and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.
- The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs.

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
Treatment of disease, disorder or injury	The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.
	Regulation 12

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service.
	Regulation 17