Harpwood House Limited

Harpwood Care Home

Inspection report

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25 July 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Harpwood Care Home is a residential care home without nursing for 50 older people. It can also accommodate people who have physical adaptive needs or who live with dementia.

At the time of this inspection there were 49 people were living in the service. Most of them lived with dementia some of whom had special communication needs.

People's experience of using this service and what we found:
People and their relatives were positive about the service. A person said, "The staff very good, all of them are friendly and if I have a problem they are willing to listen and help me." Another person smiled and pointed in the direction of their bedroom when we used signed-assisted language to ask them about their home. A relative said, "I'm happy with my relative being here because the staff are so kind."

People were safeguarded from the risk of abuse. They received safe care and treatment in line with national guidance from care staff who had the knowledge and skills they needed. There were enough care staff on duty and safe recruitment practices were in place. People were supported to take medicines safely. Lessons had been learned when things had gone wrong. Good standards of hygiene were maintained to prevent and control the risk of infection.

People had been helped to quickly receive medical attention when necessary. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The accommodation was well maintained and provided people with a comfortable setting in which to make their home.

Care staff were courteous, people's privacy was respected and confidential information was handled in the right way.

People were given information in an accessible way and they were supported to pursue their hobbies and interests. Complaints were quickly investigated and resolved.
People were treated with compassion at the end of their lives so they had a pain-free death.

Quality checks were completed to ensure the service was running in the right way. People had been consulted about the development of the service. Good team work was promoted, regulatory requirements had been met and joint working was promoted.

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

Rating at last inspection (and update):

The last comprehensive inspection was completed on 1 July 2016 and 6 July 2016. The inspection report was published on 30 July 2018. The rating for the service was Good.

We completed a focused inspection on 4 June 2018. This was because we had received concerning information about parts of the care provided in the service. The inspection report was published on 28 July 2018. The rating for the service was Requires Improvement.

The registered persons completed an action plan after the inspection in June 2018 to show what they would do and by when to improve. At this inspection we found that improvements had been made and the registered persons were no longer in breach of regulations.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Harpwood 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 as part of our regulatory functions. This inspection checked whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 24 July 2019 and 25 July 2019.

Inspection team:
The inspection was completed by an inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type:
Harpwood Care Home is a care home that provides accommodation and personal care for 50 older people and younger adults who have physical adaptive needs or who live with dementia.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager and the provider are the registered persons.

Notice of inspection:
This inspection was unannounced.

What we did before the inspection:
We used information the registered persons sent us in their Provider Information Return. This is information registered persons are required to send us about their service, what they do well and improvements they

plan to make. The information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in June 2018. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection:
We spoke with 13 people living in the service using sign-assisted language when necessary. We also spoke with five relatives.

We spoke with five care staff, two senior members of care staff called team leaders, an activities coordinator and the maintenance manager. We also spoke with the deputy manager, registered manager and compliance manager. The compliance manager was responsible for supporting and advising the registered manager. In addition, we met with the Business Services Manager and the chief executive of the company who owned the service.

We reviewed documents and records that described how care had been planned, delivered and evaluated for six people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Good

Is the service safe?

Our findings

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

At the focused inspection in June 2018 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
At the focused inspection in June 2018 the registered persons had failed to robustly provide people with safe care and treatment. 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 we found that enough improvement had been made and the registered persons were no longer in breach of regulation 12.

• Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using hoists.
• Care staff supported people in the right way to keep their skin healthy. This included people being provided with special air mattresses that reduce pressure on a person's skin and make it less likely they will develop pressure ulcers. We checked two of these mattresses and found them to have been inflated to the correct pressure. This is important so the mattresses provide the right support and are comfortable to use. Also, care staff used special low-friction slide sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• Care staff assisted people in the right way to promote their continence. They were following the guidance they had received from community nurses when assisting people to use continence promotion aids. In addition, care staff carefully checked to ensure that people had not developed a urinary infection. A person said. "I get a lot of help with everything I need."
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The service was equipped with a modern fire safety system. This is designed to enable a fire to be quickly detected and contained so people can be moved to safety. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Systems and processes to support staff to keep people safe from harm and abuse:
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A person said, "I feel very safe here as the staff are fine with me." A relative said, "I have no concerns at all on that score. All I've ever seen is staff being friendly."

• The registered manager and compliance manager used an audit tool to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission. This helped to ensure that the right action was taken at the right time to keep people safe.

Using medicines safely:
• People were helped to safely use medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines. Most of these systems and processes were electronic. These electronic systems had various built-in 'failsafe measures' that generated automatic alerts when there was a risk of something going wrong.
• There were suitable arrangements for obtaining medicines from the pharmacist. This involved the team leaders checking the medicines held in stock for each person so they could be re-ordered when necessary.
• Medicines were stored correctly in a clean and secure treatment room that was temperature-controlled. Medicines that required cool storage were kept in special refrigerators.
• Team leaders and other senior care staff who dispensed medicines had received training and had been assessed by the deputy manager to be competent to safely assist people to take medicines. We saw senior care staff dispensing medicines in the correct way so that each person received the right medicine at the right time. A person said, "The staff give me my tablets like clockwork every day."
• There were additional guidelines for team leaders and other senior care staff to follow when dispensing variable-dose medicines. These are medicines that a doctor had said can be used when necessary. An example of this was medicines used to provide pain relief.
• The registered manager had regularly audited the systems and processes used to order, store, dispense and administer medicines. This was to check that medicines were consistently being managed in the right way.

Staffing and recruitment:
• The registered manager had calculated how many care staff needed to be present given the care each person needed to receive. We found there were enough care staff on duty to provide people with the assistance they needed. This was because people were promptly assisted to undertake a range of everyday activities including washing and dressing, using the bathroom and receiving care when in bed. A person said, "When I use my call bell the staff come quickly and only very occasionally I might have to wait. I'm okay with the staffing here."
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered manager could identify what assurances needed to be obtained about applicants' previous good conduct.
• References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Preventing and controlling infection:
• There were suitable measures to prevent and control infection. There was written guidance for care staff and housekeepers to follow to reduce the risk of infection. They had received training about the importance of good hygiene and knew how to put this into practice. A relative said, "This place is quite old now and a bit worn at the edges, but it's homely and clean."
• Care staff were provided with clean uniforms and we saw them regularly washing their hands. They also wore disposable gloves and aprons when providing people with close personal care.
• There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean. In addition, mattresses, bed linen, towels and face clothes were clean. This was also the case for tablecloths,

drinking glasses and cutlery. A person said, "The cleaner comes into my bedroom every day, cleans the bathroom and hoovers throughout. My bedding is regularly changed every week."
• The registered manager had completed regular and detailed audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong:
• The registered manager and compliance manager used an audit tool to analyse accidents, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and why. This was so causes and patterns could be identified. An example was the audit tool identifying the locations where people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was the registered manager arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell. Another example was the registered manager liaising with an occupational therapist so that a person could have a specially made armchair. The armchair supported the person so they were less likely to slip down onto the floor.

Good

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 focused inspection in June 2018 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:
At the focused inspection in June 2018 the registered persons had failed to suitably obtain consent to the care provided for two people. This was a breach of regulation 11 (consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the registered persons were no longer in breach of regulation 13.

• 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example of this was the registered manager liaising with a person's relatives when it was necessary for bed rails to be fitted to reduce the risk of the person rolling onto the floor.
• Some people had made advanced decisions about the care they wanted to receive. Others had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
• A relative said, "The staff always involve me as much as possible as they know my family member simply

cannot make decisions for themselves about important things. In the past staff have informed me about when they've called the doctor and why and things like that."
• The registered manager had made the necessary applications to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Staff support: induction, training, skills and experience:
• New care staff had received introductory training before they provided people with care. The registered manager told us the training was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
• Care staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely assist people who experienced reduced mobility, promoting people's continence and emergency first aid. Care staff had also received training in how to support people who lived with dementia.
• Care staff knew how to care for the people in the right way. They were correctly following instructions received from community nurses about how to monitor special dressings. Other examples were knowing how to support people to maintain good personal and oral hygiene, use hearing aids correctly and put shoes and slippers on securely. A relative said, "I'd sure the care staff know what they're doing. They always know how my family member is doing no matter which one of them you ask. I find that very reassuring."
• Care staff had been given training and guidance and knew how to support people if they became distressed and placed themselves and/or other people at risk of harm. An example of this was a person who became anxious because they could not recall when their daughter was next due to visit them. A member of care staff recognised that the person needed reassurance. They gently reminded the person that their daughter worked during the week and usually visited the service at the weekend. They also offered to help the person call their daughter by telephone if they wanted to speak to her before the next visit. This action reassured the person who said she was happy to wait until the weekend to speak with her daughter.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The registered manager and/or deputy manager met each person before they moved into the service. This was to establish the care a person wished to receive. It also ensured the service had the necessary equipment and resources to safely meet their needs. The assessments considered if people needed to use special equipment such as fixed and mobile hoists and easy-access baths. In addition, the assessments identified when a person had a healthcare condition requiring the use of items such as special dressings.
• The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

Supporting people to eat and drink enough with choice in a balanced diet:
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is first class, if there's nothing on the menu that you fancy they will rustle you up something else." A relative said, "I think the meals are very good and are nicely presented."
• People who needed help to eat and drink enough were assisted in the right way. Some people had been provided with special cutlery that was easier for them to hold. We saw care staff sitting beside people at lunchtime gently encouraging them to eat and drink. An example of this was a person who had restricted vision being helped by a member of care staff who explained what meal they had chosen. The member of staff then gently guided the person's hand so they could choose which part of their meal they wanted to eat

first.
• People's weights were being monitored so that significant changes were noted. Care staff had liaised with doctors and dietitians when they had concern that a person might not be eating enough. When necessary people were being offered food supplements to help maintain their weight. Care staff were also recording how much some people ate and drank each day so they could check each person was having enough nutrition and hydration.
• Team leaders and senior care staff had also contacted speech and language therapists when people were at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way. Care staff were following the advice they had been given. This included some people having their food blended and drinks thickened so they were easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• Care staff supported people to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital.
• Team leaders and senior care staff had promptly arranged for people to see their doctor if they became unwell. They had also ensured that people had consultations with other healthcare professionals including chiropodists, dentists and opticians.

Adapting service, design, decoration to meet people's needs.
• The accommodation was designed and adapted to meet people's needs and expectations. There was a passenger lift that gave step-free access to all parts of the accommodation.
• The corridors and doors were wide. There were bannister rails, toilet frames and support rails to help people get around their home safely.
• There was enough communal space and each person occupied their own bedroom.
• The accommodation was well decorated, light and airy. There was a fresh atmosphere throughout the accommodation.
• There was a safe-zone garden that was fenced so people could enjoy it without the risk of becoming lost. It was well maintained and had level paths. There was a patio area with seating.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the comprehensive inspection in July 2016 this key question was rated as Good. At this inspection this key question has remained the same. The service involved people and treated them with compassion, kindness, dignity and respect and involved them as partners in their care.

Ensuring people are well treated and supported; Respecting equality and diversity; Promoting people's privacy, dignity and independence:
• People were positive about the care they received. A person who had special communication needs smiled and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like the staff and get on well with them."
• A relative said, "I can't fault the staff because they work hard and make this place feel homely and welcoming."
• People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair. In addition, when asked care staff had helped to polish their nails and enabled them to wear jewellery.
• We saw people who lived with dementia being gently assisted to handle everyday objects in the right way. An example of this was a person who attempted to place a drinking glass in their pocket. A member of care staff quickly noticed what was happening and quietly suggested to the person that it would be better to return the glass to the tray from which it had been taken. The member of staff then poured a drink of juice for the person and sat with them looking out of the window and chatting about the plants they could see.
• People's right to privacy was respected and promoted. Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible.
• Communal bathrooms and toilets had working locks on the doors.
• Care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

Supporting people to express their views and be involved in making decisions about their care:
• People had been supported to express their views and be actively involved in making decisions about things that were important to them as far as possible. An example of this was a member of care staff showing a person two handbags they sometimes liked to carry with them. This was so the person could decide which one they wanted to take with them when they went from their bedroom to the lounge. A person said, "It's up to me what I do each day, when I get up, when I go to bed and all points in between."
• All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to

weigh up information, make decisions and communicate their wishes.
• Private information was kept confidential. Care staff had been provided with training and guidance about the importance of managing confidential information in the right way. The deputy manager and registered manager asked to see our inspector's identification badge before disclosing sensitive information to us.
• Written records that contained private information were stored securely when not in use. Most of the records of the care provided for people were electronic. These computer records were password protected so that they could only be accessed by authorised members of staff.
• Care staff knew about the importance of not using public social media platforms when speaking about their work.

Good

Is the service responsive?

Our findings

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

At the comprehensive inspection in July 2016 this key question was rated as Good. At this inspection this key question has remained the same. 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:
• Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes.
• People told us that care staff provided them with all the assistance they needed as described in their care plan. A person said, "The staff always seem to be around and if I need help I've only got to ask." Another person said, "I can have a shower any time I want. Staff come along with me and if ask them they wash my back and feet, the bits I cannot reach. I usually dress myself and get the staff to help me with my shoes."
• People received personalised care that was responsive to their needs. We saw people being supported to move about their home and being assisted to use the bathroom when they wished. Call bells were placed next to people so they were easy to use. Care staff responded quickly when people used their call bell to request assistance.
• Care staff regularly called on people who were resting in their bedroom. They did this to make sure they were comfortable and had everything they needed. A person who preferred to spend most of their time in their bedroom said, "I don't like much company, staff often pop in to see me. I never feel that I am isolated."

Meeting people's communication needs:
• Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with adaptive needs and in some circumstances to their carers.
• People had information presented to them in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics. People who live with dementia or who have sensory adaptive needs often find it helpful to have information presented to them in this way.
• When necessary care staff quietly repeated explanations they had given to a person about their care. If it appeared a person had not understood what had been said care staff used other means to engage a person's interests. An example of this was a care staff who thought that a person who lived with dementia might appreciate being assisted to go to the toilet. The care staff discreetly pointed in the direction of a nearby toilet and asked them if they wanted to 'freshen-up' before taking lunch. The person was pleased to be assisted to leave the lounge to use the toilet.
• Menus were written in larger print and there were also menu cards that had pictures of the meals a person could choose to have. There were pictorial signs on communal bathroom and toilet doors. In addition,

people had been supported to personalise the outside of their bedroom door so it was easier to identify which bedroom they occupied.
• Important documents presented information in an accessible way. An example of this was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. Another example was a leaflet that explained people's rights to have their liberty protected under the Mental Health Act 2005.

• People spent their day as they wished and they were free to relax in their bedroom if they wished. They were also supported to pursue their hobbies and interests. There were two activities coordinators who invited people to participate in a number of small group activities. These included gentle exercises, crafts and gardening. The activities coordinators also provided people with individual support to enjoy activities such as reading the newspaper, puzzles and nail care. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

• There were also entertainers who called to the service to play music and to support people to enjoy singing. A person said, "I don't often join in but I could if I wanted and there's always something going on. We have two tortoises here and I like holding them. They're such odd-looking things."
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Improving care quality in response to complaints or concerns:
• People and their relatives had been given a copy of the service's complaints procedure. The procedure presented information in an accessible way using large print and photographs to explain how complaints could be made. It reassured people about their right to make a complaint and explained how complaints would be investigated. A relative said, "I don't think I've ever had to make a complaint. If there are minor niggles along the way they get sorted out straight away."
• Most of the people living in the service did not have mental capacity and/or had special communication needs. Care staff recognised this meant people might not be able to speak about any concerns they may have. Consequently, they looked out for indirect signs that a person was dissatisfied with their care. These signs included a person declining to accept care or becoming anxious during its provision. Care staff said that when this occurred they discussed the matter with the deputy manager or registered manager. This was so that any necessary further enquiries could be made.
• There was a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. It also required the compliance manager to monitor and agree all actions taken to resolve a complaint. The registered manager and compliance People had been supported to keep in touch with their families. With each person's agreement the registered manager and deputy manager contacted family members to let them know about any important developments in the care being provided. In addition, the service had an internet connection and so people could use emails and other media platforms to keep in touch with their families.
manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
• Records showed that the registered persons had received four complaints in the 12 months preceding our inspection visit. We noted that suitable steps had been taken to resolve each of them.

End of life care and support:
• There were suitable arrangements to care for people at the end of their life to have a comfortable, dignified and pain-free death.
• In consultation with relatives and healthcare professionals people nearing the end of their life were asked how they wished to be supported. The registered manager was aware of the need to carefully approach this

subject so that a the person was not unnecessarily upset.
• There were arrangements for the service to hold 'anticipatory medicines'. This is so that medicines are available for carers to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Good

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 focused inspection in June 2018 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Continuous learning and improving care:
At the focused inspection in June 2018 the registered persons had failed to establish robust systems and processes to operate, monitor and evaluate the running of the service so that people consistently received safe care and treatment. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the registered persons were no longer in breach of regulation 17.

• People and their relatives considered the service to be well run. A person said, "It must be well run to my mind because I have what I need." A relative said, "Yes it is well run and the manager's very easy to get on with and you can see that the staff get on well together."
• The registered manager and compliance manager had completed detailed and well-recorded quality checks to ensure that people reliably received safe care and treatment that met their needs and expectations. These checks included the provision already described in this report concerning the management of medicines, learning lessons from incidents and health and safety.
• The checks also included regular reviews of each person's care records. This was to make sure people were consistently receiving the care and treatment they needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People and their relatives had been offered the opportunity to comment on their experience of using the service. There were regular residents' and relatives' meetings at which people had been invited to suggest improvements to the service.
• People and their relatives had also been invited to complete questionnaires to give feedback about the service. In addition, one of the activities coordinators held regular 'tea and chat' sessions where they met with small groups of people to receive feedback about their experience of living in Harpwood Care Home.
• Records of the residents' and relatives' meetings and analysis of the questionnaires showed that people were consistently positive in their assessment of the service. When shortfalls had been identified action had been taken to quickly put things right. A example of this was changing the time of the main meal from early evening to midday.
• The service subscribed to a social media platform that can be used by anyone to submit anonymous feedback of their experience of using the service. We examined the most recent three posts on the website.

All of the contributions were positive about the care and facilities provided in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
• Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for care.
• Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Care staff were confident they could speak to the registered manager or compliance manager if they had any concerns about people not receiving safe care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had established a culture in the service that emphasised the importance of providing people with person-centred care. A relative said, "I do think that the residents come first here. If there was a bad apple in the staff team I don't think they'd last very long here as the other staff wouldn't stand for it."
• The registered manager and compliance manager understood the duty of candour requirement. This requires them to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to a number of professional publications relating to best practice initiatives in providing people with nursing and personal care.
• An example of this was the registered manager working closely with a local hospice. This had enabled the registered manager to receive advice about how the service could be developed further to be accredited by a national standard in end of life care. Another example was the service subscribing to a best-practice model of care that is designed to support people who live with dementia. This had resulted in a number of staff undergoing additional training. It had also resulted in changes being made to the environment in the service. One of the smaller lounges had been redecorated with a large floor-to-ceiling picture of a sun-filled woodland glade that helped people to relax and feel reassured.