

HC-One No.1 Limited

# Harnham Croft Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Harnham Croft Care Home is a nursing home providing accommodation for persons requiring nursing or personal care and treatment of disease, disorder or injury for up to 40 people. The service provides support to adults over and under 65 years, people with physical disabilities and people living with dementia. At the time of our inspection there were 35 people using the service.

Accommodation was provided on three floors accessed by stairs and a lift. People had their own room and access to communal rooms such as lounges and a dining room. People accessed the garden from the ground floor.

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

People's medicines were managed safely. Staff had been trained and checked for competence to administer medicines. We have made one recommendation about safe use of topical patches.

People and relatives had mixed views about staffing numbers. We found there were enough staff on duty to support and care for people safely. The registered manager reviewed staffing numbers using a dependency tool and by listening to people's views. Whilst some people said there were times staff were busy, they all told us they felt safe at the service. People told us the care was good and they found the staff to be kind and caring.

People and relatives told us staff treated people in a dignified and respectful way. Staff we spoke with told us they enjoyed their work and found caring rewarding. We observed people being cared for in a dignified way and all interactions between people and staff were respectful. There was regular 'residents meetings' and people told us they felt able to share their views and were listened to. Where possible the provider and registered manager made changes in response to feedback received from people and relatives.

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. Risks to people's safety were assessed and management plans in place. Nurses regularly reviewed records to make changes and updates when needed. Where needed referrals were made to healthcare professionals and their guidance was added to people's records.

Staff had been recruited safely and provided with training on safeguarding. Systems were in place to make sure people were kept safe from avoidable harm. Staff worked with the local authority safeguarding team when needed and notified CQC of any allegations of abuse. Staff were able to attend various meetings to discuss changes and to share any learning from reviews of incidents.

The service was clean throughout, and domestic staff were employed to maintain good standards of cleanliness. Staff were seen to be using personal protective equipment safely and there was plenty of stock

available. The provider made sure staff had training on infection prevention and control procedures and had guidance on working safely. Health and safety checks were carried out and external contractors visited to complete maintenance and servicing of facilities and equipment.

There was a new registered manager in post. They had worked for the provider for many years so was familiar with their policies and procedures. Feedback about the management at the service was positive. People, relatives and staff felt able to approach the management at any time. Quality monitoring systems were in place which were effective in driving improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2020) and there was 1 breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the service ensured they reviewed their staffing levels, on a regular basis, including seeking and listening to people's experience of care to assist them in determining the level of staffing needed. At this inspection we found the provider had acted in response to the recommendation made. The registered manager regularly reviewed staffing numbers and included feedback from people in their review.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harnham Croft Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made 1 recommendation in the key question safe. This is for the provider to review systems in place to keep accurate records of topical patch applications.

#### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Harnham Croft 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

This inspection was carried out by 2 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

Harnham Croft 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.

Harnham Croft 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 9 people about their experiences of care and support received. Following our site visit we also spoke with 7 relatives on the telephone. We spoke with 3 members of staff, the registered manager, the providers regional quality improvement lead and the area director. Following our site visit we also spoke with a further 5 members of staff and contacted 2 healthcare professionals for their feedback.

We reviewed 6 people's care and support records, multiple medicines records, health and safety records, 5 staff files in relation to recruitment, personal emergency evacuation plans, quality assurance information, incident and accident records and analysis, safeguarding log, meeting minutes, service improvement plan and various audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we made a recommendation about staffing due to concerns around staffing numbers found during the inspection. We recommended the provider reviewed their staffing numbers regularly to include seeking and listening to people's experiences. At this inspection we found this had improved, though further improvement was needed.
- During our inspection we observed there were enough staff available to meet people's needs safely. The provider had a dependency tool which was used to calculate staffing numbers. However, the registered manager told us they could be responsive at any time with staffing numbers if people's needs changed.
- Feedback about staffing from people and relatives was mixed. Comments included, "Staff numbers are enough for most of the time, but I think they have problems with staff who only want to work part time", "There is adequate staffing but it would be lovely to have more first thing in the morning" and "I think there is enough [staff], but there is always going to be times when staff are sparse."
- The registered manager told us they had listened to people's feedback and adjusted staffing so there were increased numbers of care staff working in the morning. They were monitoring this change and regularly checking call bell response times.
- Agency staff were being used to fill gaps on staffing rotas. The registered manager told us there had been successful recruitment and they had new staff waiting to start. To help with continuity they tried to book the same agency staff consistently.
- Staff had been recruited safely with all pre-employment checks carried out.

### Using medicines safely

- People and relatives were happy with the support they had with their medicines. One relative told us, "[relative's] pain control is managed well there; the staff work amazingly hard to make sure pain is controlled well." One person said, "I have 7 or 8 pills a day, they [staff] come regularly I don't really ever get them late."
- People had their medicines as prescribed, and medicines were managed safely. The service had an electronic medicines management system in place which alerted staff to know when medicines were needed. Staff administering medicines were trained and had their competence checked.
- Where people were prescribed topical patches, staff were not recording where on the body they had been placed. Recording the position of the patch on the body helped staff make sure they rotated the position of patches. Topical patches can cause irritation if placed on the same area of skin repeatedly. We raised this with the management who told us they would take action to address this shortfall.

We recommend the provider review systems in place to keep accurate records of topical patch applications.



Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at the service. Comments included, "I am so happy here, I feel safe not like when I lived on my own, they are wonderful here" and "[relative] feels very safe living at Harnham Croft. Prior to coming here, [relative] was in and out of hospital, but not now."
- Staff had training on safeguarding, and all understood their role in keeping people safe. Staff we spoke with told us they would report any concern to the management.
- Any concern raised had been shared with the local authority safeguarding team and staff worked in partnership with them to resolve issues.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified. Plans were in place to guide staff on how to manage risks safely. Reviews of risk management plans were carried out monthly or sooner if needed.
- Where people had risks of developing pressure ulcers, we found measures were in place to mitigate risks. However, these measures were not being routinely checked for effectiveness. For example, people with air mattresses did not have inflation rates recorded so staff could check they were being used correctly. During our inspection the provider took immediate action to address this shortfall. The provider also added mattress checks as an action point to the service improvement plan for continued monitoring.
- People who had pressure ulcers were being monitored and reviewed regularly by nursing staff and the local tissue viability nurse. Wound plans were in place, with details of the types of dressings being used and information on how the ulcers were healing.
- Health and safety checks were being carried out by the maintenance person and the provider. This included checks to the fire and water systems and regular servicing of all equipment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA, however, some decision making required clearer recording. The provider had identified this and was taking action to change documents used to provide a clearer record.
- Appropriate legal authorisations were in place to deprive a person of their liberty. Where people had a DoLS authorised there were no conditions placed on the authorisation.

Preventing and controlling infection

- At our last inspection we found bins in communal bathrooms were too small. At this inspection we found this had improved. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was 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.

#### Visiting in care homes

- People could have visits from friends and family members without any restrictions.

#### Learning lessons when things go wrong

- Incidents were recorded and reviewed. The registered manager carried out initial analysis and then any learning was shared with staff teams.
- The registered manager told us they attended meetings with other managers in the organisation and discussed events or incidents from other services. Any learning identified by the provider on a national level was shared so this could also be cascaded to staff.

# 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 rated this key question requires improvement. At this inspection the rating has changed to 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

- At our last inspection we found people's care was not always person-centred or delivered in line with people's wishes. At this inspection, we found this had improved and people were treated with respect and dignity by the staff.
- People and relatives told us staff were respectful and always mindful of people's dignity. One person said, "They [staff] pull the curtains before I get changed. There is a sign on the door which they turn round so it says do not enter personal care taking place." Another person said, "They [staff] are very good at keeping the door closed if are attending to you."
- We observed staff spoke respectfully with people, and we observed they knocked on people's doors before entering their rooms. Signs were placed on people's doors when staff were delivering personal care to inform visitors and other staff to knock before entering.
- Staff we spoke with enjoyed their work and told us they encouraged people to maintain their independence. One member of staff said, "We encourage [people] to try and dress themselves and wash themselves as much as they can. We try and keep that going for as long as they can."
- People were supported to maintain relationships with family and friends. Visitors were able to visit at any time and could stay as long as they wished. One relative said, "The staff are polite to me and offer me a cup of tea. I can sit and have lunch with [relative]. My relative is 100% better than on admission. The staff have encouraged mobility and got [relative] up and walking again."

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

- People and relatives told us staff were kind and caring. Comments included, "They [staff] are thinking all the time, what do you need and helping you. I have not had any experience of poor care here. I am happy here, I cannot fault it in any way", "I love it here, they are so friendly here and I have made new friends" and "The staff are absolutely amazing, kind and so good with [relative]."
- People were cared for by staff who knew their needs. When people experienced additional anxiety or distress, we observed staff responding in a compassionate way. Staff were calm and provided reassurance when needed.

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

- People were involved in decisions about their care. Systems were in place to make sure this was a focus for the staff team. For example, there was a 'resident of the day' system which meant at least once per month people were identified as being 'resident of the day'.
- This meant staff reviewed their care plan with the person and made changes if needed. Other heads of

department visited the person to make sure the person was satisfied with areas such as maintenance and cleanliness of their room. One relative told us, "I am very impressed that once a month staff ring me to talk about [relative's] care plan."

- The registered manager told us if people needed advocates, they would help them access local services. Advocates can speak up for people who do not have any relatives or friends to speak up for them.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to have systems in place to effectively assess, monitor and improve the quality and safety of care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found systems were not effective to ensure people received a good quality of care. The provider failed to demonstrate an understanding of people's experiences which were not always positive. At this inspection we found this had improved and people's experiences of care were positive.
- Comments from people and relatives included, "Going to Harnham has done [relative] the world of good, the staff look after her very well", "[relative] is much happier now, living here", "Yes, I would recommend the home. I went to 2 or 3 other places but chose this one, I came in for a trial and stayed" and "It's a good place to live."
- At our last inspection, internal quality monitoring systems had not identified shortfalls found during the inspection. At this inspection, we found this had improved. Quality systems were in place and areas for improvement had been identified. Action plans were monitored regularly by the provider to make sure improvement was carried out in a timely way.
- Prior to our inspection there had been a change in registered manager. The new manager was familiar with the providers policies as they had previously worked in another home managed by the provider.
- People and relatives were positive about the new manager's approach. Comments included, "I think the new manager is very good at choosing new staff and in the mornings now we have fresh fruit with our morning coffee, I think this was her idea. As far as I am concerned, the manager is running the home well", "You have only got to ask the manager and she it gets done" and "I find the new manager very approachable; I hope she can make more changes like introducing the fruit for us."
- Staff told us they thought the management were supportive and listened to them. Comments from the staff included, "[registered manager] is very supportive, she has done my supervision and asked me if I wanted to do training to help with my job role" and "I really like [registered manager], she is approachable."

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 and registered manager were aware of their responsibility to be open and transparent with people when notifiable incidents occurred.

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

- People were able to attend regular residents' meetings to discuss any issues, concerns or areas they wanted to. One person said, "There are residents' meetings, I went yesterday to one. I tend to sit and listen then think things over, you can always go to a member of staff to talk things over."
- The provider carried out annual quality surveys to gather people's views. Feedback was analysed and where possible action taken to improve the service. In the foyer at the home there was a large notice board with examples of 'You said, we did'. One example of feedback was people had said call bell waiting times were too long. In response to this the provider had increased call bell monitoring to daily and were assured response times were safe.
- Staff had various opportunities to share their views or concerns. There were daily handovers, a daily 'flash meeting' for all heads of department, and regular monthly staff meetings. One member of staff told us, "We have a staff meeting every month, a flash meeting every day. All the heads of department go, and we say what we are doing. [registered manager] will let us know if there is anything going on."

Working in partnership with others

- Staff worked effectively in partnership with other agencies and healthcare professionals to make sure people's needs were met. We observed evidence in people's records of various healthcare professionals' visits and guidance shared. Staff were respectful of other professionals and welcomed their input into people's care and support.