# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Harnham Croft Nursing Home

76 Harnham Road, Salisbury, SP2 8JN

Date of Inspection: 02 January 2014

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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| **Respecting and involving people who use services** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |

## Details about this location

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| Registered Provider | Bupa Care Homes (CFC Homes) Limited |
| Registered Managers | Mrs. Claudia Sharon Carvell |
| Overview of the service | Harnham Croft is a care home which can accommodate up to 44 adults with nursing needs. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Harnham Croft Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Staffing

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

### What people told us and what we found

At the last inspection in September 2013, staffing shortages negatively impacted upon the service people received. Call bells were not being answered properly and some people had to wait for the assistance they required. Staff did not consistently respect people's dignity. We issued two compliance actions to ensure the provider made improvements.

The provider sent us an action plan which confirmed they had taken action in relation to the areas we identified.

During this inspection, we saw improvements had been made. There were positive interactions between staff and people who used the service. Staff were respectful, caring and attentive.

Various staff training sessions had been held to enhance awareness of dignity and what this meant to people. Experiential learning was used which assisted staff in reflecting on their values and practice.

Adjustments had been made to enable meal times to be pleasurable experiences rather than just a task of eating. People who required assistance to eat were allocated specific staff to help them. This meant people received focused attention without interruption.

People and their visitors were complimentary about the staff team and the changes being made within the home. Monthly meetings had been introduced to share information and to enable people to give their views more readily.

Staffing shortages were being robustly addressed. Eight new staff had been recruited and a new hostess role had been introduced. Less agency staff were being used which enabled people greater consistency with their care.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

The manager told us that since the last inspection, priority had been given to enhancing people's dignity. They said various staff training sessions had been arranged to explore the issues. Initially, staff had been asked to think about what dignity meant to them. They were then encouraged to discuss their views in relation to supporting people who used the service. The manager told us staff were asked to make a pledge about an aspect of dignity they would ensure within their practice. The pledges were displayed on a notice board. All pledges were reflective and thought provoking. The manager said it had been a good way to encourage staff to think about their values.

The manager told us the staff training sessions formed part of a dignity week. Within this, the whole staff team, people who used the service and their relatives were involved in discussions and role playing. Within the role play sessions for example, staff assisted each other to eat pureed food. They were also required to ask the manager each time they wanted to use the bathroom. The manager said they ignored staff's requests or told them they would have to wait. After the sessions, staff were asked to discuss how the situations made them feel. They were then asked to think about their experiences in terms of their practice when supporting people.

Staff told us about the dignity week. One staff member said "it was really useful and re-emphasised my view of treating people how I would like to be treated." Another staff member said "it made you stop and think. It was good. Practice has improved. We now talk about people's names rather than their room numbers." Two people who used the service told us dignity week had taken place. One person said "it was a good idea. Experiencing things makes you remember." Both people told us they had never had any problems with staff not promoting their dignity.

Other people gave us similar views. One person said "it's not nice to be washed but they do it in a gentle, sensitive way. They make it better so it's not an issue." Another person said "they seem to think about how it feels. No one chooses to be in a care home but they make it like home. I see this as my home now. They care with concern." Another person

said "they're wonderful. They always knock when they come in. They help me do the things I can't do but then leave me to get on with it. I'm quite happy."

There were many positive interactions between staff and people who used the service. One staff member asked a person if they were comfortable. The person responded with a big smile. Another staff member talked to a person as they assisted them with their mobility. The person was joking and laughing with the staff member. Staff gave people many compliments such as "you look nice today" and "it's nice to see you. How are you?"

People were positive about the new manager and the changes they were introducing. One person said "it was fine before but it's so much better now. We are asked all the time for our views." Another person said "they are fantastic. I can't fault them. We have regular meetings now which are really good. They see you as an individual and do things over and above the call of duty. Nothing is too much trouble." Whilst we were talking to this person, the chef knocked on the door and asked if they could "have a quick word." They asked the person what they wanted "done with their cheese." Cauliflower and stilton soup was decided upon. The person explained "a friend brought me the cheese as they know I like it. I'm always giving the chef certain foods, which they cook for me. They do a fantastic job behind the scenes. I can't sing their praises enough."

The manager told us in addition to staff training, practices within the home had been adjusted to improve people's dignity. Medicine rounds were now completed before or after meals so people were not disturbed whilst eating. The chef served the main meal in the dining room and terrines were used to enable people to help themselves. This was instead of plated meals being sent from the kitchen. People needing assistance to eat were allocated specific staff to support them.

The dining room at lunch time was lively with people talking between themselves and with staff. Staff spoke with people in a friendly, caring and attentive manner. They gave people choices, explained the content of the meals and asked if any assistance was required. People had a choice of drinks including wine. One person did not want what they had ordered to eat. They were immediately offered an alternative. The person apologised and the staff member said "it's not a problem, don't worry. You must have what you like. I'll change it for you." Staff sat down at the side of people who needed assistance to eat. They were attentive and regularly asked people if they were enjoying what they were eating.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

The manager told us the staffing situation had significantly improved since the last inspection. They said 250 extra staffing hours had been allocated to the home. Eight new staff had been recruited. The manager said these were all posts of 24 hours a week or above. Some new staff had started employment and had completed their induction. Others were supernumerary and shadowing more experienced staff. A number of new staff were waiting for clearance checks to ensure they were suitable to work with vulnerable people.

The manager said as a result of successful recruitment, the amount of agency use had significantly reduced. Once all new staff were fully operational, the manager said they were expecting there to be nine carers and two registered nurses on duty during the day. Staffing rosters showed there were currently seven or eight carers and two registered nurses. The manager confirmed this was sufficient at this time although they were striving for more staff to enable people better opportunities and more involvement within the community.

A senior manager told us the numbers of staff on duty were constantly under review. They said the home was allocated a certain number of staffing hours by the provider. Additional hours were added if people's level of dependency increased. This included the numbers of people requiring staff assistance to move safely with the use of equipment and to eat. They said if any of their home managers stated they needed additional staffing hours, which was fully evidenced, this would be looked into and agreed.

In order to enable care staff to have more time supporting people with their care, the manager told us a new hostess post had been introduced. The staff member was responsible for getting the dining room ready for lunch, serving mid-morning drinks, helping with lunch and clearing the dirty crockery away. The staff member said their new role was working well. The manager said an additional housekeeper and a kitchen assistant had also been recruited.

Throughout our visit, people looked well cared for and were relaxed within their environment. People were not waiting for assistance or being rushed. Staff were available within all parts of the home. Very few call bells were ringing and these were answered quickly. One staff member told us "we regularly pop into people so the amount of call bells

has reduced. It has got better."

People were very complimentary about the staff. Specific comments included "they're lovely," "marvellous," "wonderful" and "fabulous." One person told us "I have nothing but admiration for them. I think they're great. They do a difficult job, wonderfully." Another person said "you wouldn't get any better anywhere. There isn't one I don't get on with. They all give their best and more."

We asked staff, visitors and people who used the service about staffing levels. There were various positive and negative views. The positive comments included "yes, I think there's enough of them. They're busy but they do a good job" and "there is always someone around and they 'pop in' to make sure I'm alright." Other comments included "I just catch them if I need anything or I'll ring my bell. I've never had any problems" and "they're lots of them, especially with the new ones."

Staff commented "it's much better now. We work well as a team. It's definitely coming together," "yes, I think we're fine. We're using a lot less agency now which is good," "they've recruited a lot of new staff, it's certainly better and getting better" and "it'll be great when everyone is working at full speed. The new staff are doing well but it takes time to get to know everyone and what they need."

The provider may find it useful to note, the negative comments included "at busy times you know you are going to have to wait" and "when you want the toilet it can be very difficult as they seem to take ages." Other comments were "staffing levels seem to dip at weekends," "the allocation of staff over the floors could be better," "dependency levels don't always seem to be taken into account" and "sometimes it's difficult to make sure all call bells are answered quickly." One person said "it's worse if you need two staff to assist you as you have to wait for them to answer the bell and then wait again for the second person." The person commented only having one stand aid type hoist on a floor also affected waiting times. The manager told us they would look into these areas. They said "we've made a lot of progress with the staffing situation but staff need to get to know people well before everything runs really efficiently. We're getting there, it's just time. There has been so much change." The manager and senior manager told us staffing levels would be kept under review and morning handover meetings would be used to ensure adequate numbers and the skill mix of staff.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✗ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✗ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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