

Buckland Care Limited

Hartwell Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hartwell Lodge Residential Home is a residential care home providing personal care to up to 32 people, some of whom live with dementia. At the time of our inspection there were 30 people using the service.

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

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection.

Although the registered manager demonstrated an open and honest approach when care did not go to plan, records needed to improve about this. We have made a recommendation about this.

The lack of robust infection control practices placed people at risk of being exposed to infections. We made a recommendation about this.

We also made a recommendation that the provider seeks reputable guidance to ensure the safe management of medicines. This was because discrepancies were found between records and the number of tablets. Records relating to people's 'as required' and topical medicines also needed improvement.

Risks associated with people's needs and health conditions were effectively assessed, monitored and mitigated although some records relating to risk needed improvement.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. Staff told us they had enough training to carry out their roles effectively and were well supported.

The service worked well with healthcare professionals to ensure joined up care and good outcomes for people. People were provided with a nutritious and balanced diet that met their needs and preferences.

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.

People were supported by kind and caring staff who respected their privacy and dignity.

A consistent staff team meant they had got to know people well. Staff understood people's needs and preferences and delivered care accordingly. People took part in activities they enjoyed. People were well supported at the end of their lives.

People were happy living at Hartwell Lodge and spoke positively about the care they received. The service had a positive person-centred culture. People, relatives and staff provided us with positive feedback about

the registered manager. They also told us they would recommend the home to others.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

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

Rating at last inspection and Update

The last rating for this service was requires improvement (published 18 June 2019). Breaches of regulation in relation to good governance and a failure to notify were found. We served a Warning Notice in relation to the governance of the service.

We undertook a targeted inspection in September 2019 to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We found the provider was no longer in breach of Regulation 17. The overall rating for the service did not change following the targeted inspection in 2019 and remained requires improvement. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

In December 2020, we conducted a review to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. We found that it was. This was a targeted inspection looking only at the IPC practices the provider had in place. Therefore, the rating of the service at this inspection did not change.

You can read these reports by selecting the 'all reports' link for Hartwell Lodge Residential Home on our website at www.cqc.org.uk.

At this inspection we reviewed all five domains. The service remains rated requires improvement and a breach relating to governance was identified. This service has been rated requires improvement for the last seven consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the full details of the report which is on the CQC website at www.cqc.org.uk

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hartwell Lodge Residential 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

Three inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Hartwell Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hartwell Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 information gathered as part of monitoring activity that took place on 7 March 2022 to help plan the inspection and inform our judgements. We reviewed notifications the provider had sent us. Notifications are sent when a significant event has happened in the service. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, cook, housekeeper, maintenance person, administrator, senior care workers and care workers. We reviewed a range of records. This included five people's care records and people's medication records in detail. We briefly reviewed another person's care plan in relation to mental capacity. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received emailed feedback from five external health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

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 remained as requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured personal protective equipment (PPE) was used effectively to safeguard people. Some staff were not wearing masks in accordance with current Government guidance when we arrived on the first day of our inspection. When we raised this, staff put them on and were wearing them on the second day of our inspection.
- We were not assured that the provider was preventing visitors from catching and spreading infections. We were not asked for proof of our negative lateral flow device (LFD) COVID-19 tests upon arrival to the service, nor were we screened for symptoms of infection before being allowed to enter the home. Although there was hand sanitiser at the entrance of the home, we were not asked to use this. We additionally observed a visitor and a staff member entering the home without using the sanitiser.
- We were somewhat assured the provider was accessing testing for people and for staff. Two staff members told us they did not always test in line with guidance. Although the provider had numerous records of testing, they were unable to share that these staff were receiving routine testing in line with guidance.
- We were somewhat assured the infection control policy was implemented effectively to prevent and control infection. Although the policy linked to current guidance, this was not always being followed as described above. Infection control audits were in place, but these did not identify the concerns we found.
- During our inspection, improvements to ensure the safe management of infection control were made. For example, staff wore appropriate PPE. The registered manager also told us of their plans to further improve their infection control processes. This included additional monitoring and training.

We recommend the provider seeks guidance from a reputable source to ensure they effectively prevent and control the spread of infection.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- People were receiving their visitors during the inspection. All visits were pre-booked, except for people

receiving end of life care, who were offered flexible visiting. The registered manager assured us that if a relative wanted to visit ad-hoc, they would be able to. People and relatives were happy with the current visiting arrangements.

Using medicines safely

- The management of medicines needed improving.
- The guidance for staff to administer 'as required' (PRN) medicines needed improvement. For example, some people were prescribed a medicine for constipation. The PRN protocols did not provide personalised and clear information about how to recognise when people were constipated, how this may be monitored, or after how long to seek medical advice. This meant people were at increased risk of not receiving PRN medicines in the most effective way. However, only staff who knew people well administered these medicines which mitigated the risk. Following the inspection, the registered manager provided us with evidence that PRN protocols contained more detailed information.
- We identified discrepancies between the number of tablets recorded as in stock on the Medication Administration Records (MAR) and the number of tablets counted. This meant we could not be assured people received their medicines as prescribed. Following the inspection, the registered manager investigated our concerns. They were unable to determine the cause but were confident people had received their medicines and felt there were issues with the electronic system that was used.
- Some people were prescribed creams to alleviate skin conditions. From talking with staff and people, it was clear that staff applied creams for people appropriately. However, the medicines system used did not record what creams had been applied. A lack of sufficient records causes a potential risk of confusion regarding medicines and increases the risk of error.
- The registered manager told us they had already recognised the electronic medicines system they used was not right for them, had planned to discontinue using it and arranged to start using a different system.

We recommend the provider seeks reputable guidance to ensure the safe management of medicines.

- People were positive about the support they received with medicines.
- Staff had received medicines training and were assessed as competent to ensure they were safe to administer medicines.
- The storage of medicines was safe.

Assessing risk, safety monitoring and management

- Records relating to risks associated with dehydration and constipation needed to be improved. This was because there was a lack of written guidance for staff regarding how to monitor and mitigate these risks for people. Despite this, staff's knowledge of the people they supported was good. Staff were able to describe how they supported people and what measures were in place to reduce these risks for them. The registered manager told us of their plans to ensure detailed risk assessments would be put in place and supplied us with some evidence following the inspection.
- Other risks relating to people's support needs were recorded in a way to demonstrate they were robustly assessed, monitored and mitigated. This included risks related to eating and drinking safely, mobility, falls and mental health related conditions.
- Health and safety checks of the environment and equipment had been carried out. People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.

- People said they felt safe living at Hartwell Lodge. They looked very comfortable and relaxed with the staff who supported them. Relatives also told us they felt their family members were safe.
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm. Concerns raised were investigated and where required the local authority and CQC had been notified.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns.

Staffing and recruitment

- There were sufficient staff to meet people's needs and staff knew people very well.
- People we spoke with told us there was enough staff to provide them with the support they needed in a timely manner. For example, one person said, "Sometimes during the night I might ring [the call bell]. They do come and see what I want, I don't have to wait long."
- The registered manager adapted staffing arrangements in response to the changing needs and circumstances of people using the service.
- Staff were safely recruited. All required checks had been undertaken prior to staff commencing employment.

Learning lessons when things go wrong

- Safeguarding, accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff at handovers, meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they received.
- Nationally recognised assessment tools were used to determine people's support needs and specialist assessments and guidance was included in care plans to inform staff about how best to meet people's needs.
- Appropriate referrals to external professionals were made and if they had provided guidance for staff to follow, this was done. For example, a speech and language therapist had provided guidance about the consistency of food for some people. This was recorded in people's care plans and staff provided the recommended consistency of food.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and movement-activated alarms were used to alert staff when people moved to unsafe positions. The provider had also invested in an electronic care plan system.

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

- The service was well maintained, and the environment had been designed and adapted to promote people's safety, independence and social inclusion.
- Records demonstrated that people were involved in making choices about the environment of the home.
- People's bedrooms were decorated to their taste and individual interests, with personal possessions, furniture and photos.
- The registered manager utilised a nationally recognised audit tool to ensure the environment was suitable for people who lived with dementia. We found this has prompted improvements.
- People and their relatives were positive about the home's environment and a homely atmosphere was frequently described.

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

- People were complimentary about the food and confirmed they were offered a choice about where and what they wished to eat. For example, one person told us, "The food is fantastic. They [staff] come around with a menu every day. I was going to have pasta, but I've changed my mind, I'm going to have a roast dinner instead."
- Food and drink were provided in line with people's assessed needs and personal choices. Where people required a specific diet, plans were in place to ensure staff understood their needs and associated risks.

- Staff monitored the amount people ate and acted if people started to lose weight. For example, they referred people to GPs or specialists for advice and offered meals and drinks fortified with extra calories.
- We observed lunchtime in the dining room on the first day of inspection. It was a social occasion and people were supported appropriately.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- People and their relatives told us they had confidence in the staff team and felt they knew what they were doing and how to support people. For example, one person told us, "The staff are good here; I've written a letter to the manager saying that the staff and management are all good. People work really hard here. They are all well trained."
- Staff felt they had received enough training, and some told us they were glad of the opportunity to develop their skills.
- Staff told us they felt supported in their roles. They received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us this was useful. They also said they could go to any member of the management team at any time in between supervisions and were confident they would be listened to and well supported.

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

- People's health and wellbeing were monitored by staff and they were supported to have healthcare checks when needed. The registered manager had arranged for a lot of services to come to the home which had supported people to remain healthy during the pandemic. For example, people could see opticians, chiropodists and dentists in the home.
- The service had good links with the local health clinic and a GP and 'advanced nurse practitioner' supported to review people's health needs, or to ensure prompt access to treatment and medicine. One person told us, "As soon as they [staff] think there's anything wrong, they [staff] call in a doctor or nurse or a paramedic."
- External professionals provided us with positive feedback about how the service worked with them. One professional told us, "Concerns are raised appropriately about [people], changes in [people's] condition tend to be picked up promptly as staff know them well. Staff are responsive to management plans put in place and we feel we have a successful working relationship with the home."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions relating to those authorisations were being met.

- People told us they could make decisions about how they lived their lives. One person said, "It's up to me."

- Staff understood the importance of gaining consent and involving people in decisions about their care. Throughout the inspection, we heard staff seeking verbal consent from people, in an appropriate way and people's choices were respected.
- Where people did not have capacity to make decisions, records mostly demonstrated how staff had followed the principles of the MCA. We noted that, regarding one area of care, records were not in place to show how a decision had been made in a person's best interest. We discussed this with the registered manager who told us they would put these records in place.
- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required. Information about who had a DoLS in place was readily available for 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.

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

- People were positive about the staff and the support they received. Staff were described as "caring", "friendly" and that "nothing was too much trouble for them." Family members echoed this, and one told us, "We've been so relieved about the care here. It's the kindness that I'd put at the top of the list and the compassion."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff could tell us about people's individual characteristics. People were positive about the support they received to meet their religious needs.
- People were supported to maintain relationships with family and friends. Relatives confirmed they were always made to feel welcome when they visited.

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

- People told us they were involved in planning their care and support. One person told us, "They [staff] do anything for you here. They ask what your favourite things are and your likes and dislikes."
- People's care was delivered in a way that reflected their preferences and wishes. Care plans detailed this information and staff understood it. People described living their life the way they chose to and making day to day decisions.
- Staff understood the importance of respecting people's decisions and supported them in the way they wanted to be.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff demonstrated how they protected people's privacy. For example, one member of staff told us, "It's so important to give people privacy, I always knock on people's doors before I go in and when I help with personal care, I make sure they're covered."
- People were supported to be as independent as possible. People and staff provided us with a number of examples of how people had become more independent since living at Hartwell Lodge. One person said, "I like it here. I'm allowed to be as independent as I like, or I can ask for help if I need it."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

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

- People received personalised care and support, specific to their needs and preferences and were respected as individuals.
- People and their relatives told us people's needs were met by staff that knew them well. For example, one relative said, "I could tell they [staff] know [Person's name] even in this short time. That's very good."
- New electronic care plans had recently been introduced. They contained enough information and guidance for staff to support people in a person-centred way. The registered manager told us they had plans to make the care plans more user friendly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plan.
- Staff ensured people had access to information in formats they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's suggestions about activities they would like to do had been used to develop an events programme at the service. We saw a range of activities were planned including, arts and crafts, gardening, pet therapy and musical entertainment.
- People's past occupations and hobbies had also been taken into account when planning activities. This meant they were meaningful for people. For example, one person who used to be a bingo caller had the 'job' of calling the numbers for bingo in the home. Another person worked in a sweet shop and so the service implemented a 'tuck shop' which included items from that era.
- Activities staff members were able to spend one to one time with people which meant they got to know people well. This led to very good outcomes for people. For example, one person had been able to reconnect with a group that was important to them which resulted in a renewed sense of identity and brought them much happiness.
- Staff supported people to meet their spiritual and religious beliefs. Members of the local church came and

delivered a service in the home which was enjoyed by many.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was used to learn from and develop the service.
- People and relatives we spoke with told us they could raise any concerns with the staff and management team and felt listened to. For example, one person told us, "I haven't got any complaints, but I would go straight to [registered manager] who would sort it out."

End of life care and support

- People had end of life plans in place, which captured their wishes for how they would like to be cared for at the end of their life. This enabled staff to understand what was important to them.
- Relative's told us they felt staff were compassionate and understood the importance of people's wishes and their relationships. Relatives were also positive about the support that was given to them.
- Staff received training to enable them to support people and their families at the end of their life.
- Staff worked well with external professionals. Specialist equipment and medicines were available to ensure people were comfortable and treated with dignity and respect.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

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

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

- The provider had a number of care homes and had quality assurance systems in place to ensure the quality and safety of them. However, at the time of writing this report, CQC had concerns about the providers oversight of all of their services and the effectiveness of these systems.
- Hartwell Lodge has not received a rating of good since 2016. Although the registered manager has worked hard to make improvements, shortfalls were still identified at this inspection.
- Quality assurance processes included a variety of audits such as medicines management and infection control. Regular overview audits were additionally carried out by the registered manager and a representative of the provider. However, these systems had not always been used effectively to identify the concerns we found at this inspection. For example, the concerns we identified with infection control processes and records relating to medicines and risk assessments.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and either acted promptly to make improvements or told us of their plans about some of the changes they were going to implement following the inspection.
- The registered manager and staff team demonstrated commitment to the people who lived at Hartwell Lodge. Since our inspection in January 2019 a number of improvements were noted at this inspection. This included the provision of activities, how people's feedback was received and a holistic driven approach, so people enjoyed good outcomes. Additionally, feedback from people, staff and professionals was overall very positive which highlighted some of the improvements.
- The management team consisted of the registered manager, deputy manager and a team of senior care workers. The management team were clear about their roles and responsibilities. Staff were supported to understand their roles and responsibilities through staff meetings and supervisions.
- The provider was aware of their regulatory responsibilities and had notified us of incidents they were required to do so by law.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- Following any incidents people and their relatives were kept informed showing a transparent service. However, records were not kept in line with this regulation. We discussed this with the registered manager who assured us they would maintain records regarding any future incidents.

We recommend the provider seeks reputable guidance in order to meet the duty of candour when something goes wrong.

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

- People benefited from a registered manager, deputy manager and staff team who promoted a positive culture. They focused on people being treated as individuals and were committed to making sure there was a supportive and empowering culture for the people living there.
- People and relatives spoke highly of the registered manager and staff and the communication between them. Relatives said they were involved in their family member's care and were kept up to date with important matters. One relative described how important this had been during lockdown.
- People and relatives provided feedback to us during our monitoring approach in March 2022. This was extremely positive. We also found the service had received many compliments from family members expressing their thanks and gratitude about the care provided to their loved ones. Comments particularly focussed on the 'homely' feel of the service and caring nature of the staff.
- Staff morale was good which led to a happy environment for people to live in. Staff felt well supported by their colleagues, the management team and provider. They felt their work during the pandemic had been recognised and their well-being was supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.
- An initiative called 'Resident of the day' was also in place. The primary aim of this was to improve the overall experience for people who lived at Hartwell Lodge. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need.
- Staff meetings were held regularly. Meetings were used to provide information, such as any changes planned, training and sharing best practice. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, specialist nurses, GP and district nurses. A health professional confirmed that staff at the home sought advice when needed and referred people for medical attention appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to effectively assess, monitor and improve the safety and quality of the service. The failure to maintain accurate and complete records.