

Perpetual (Bolton) Limited

Hartington House

Inspection report

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Date of inspection visit: 19 July 2017

Date of publication: 05 September 2017

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

We carried out this unannounced inspection on 19 July 2017.

Hartington House is a care home that provides care for up to five adults with a mental health illness. At the time of our inspection four people were living at the home. These people had lived together for a number of years. The home is a large terraced property, which has been adapted so each person has their own bedroom. There was a communal lounge, kitchen/diner and bathrooms and toilets. The home is close to Bolton town centre and other local amenities such as shops, a supermarket and public house.

The provider has three small care homes in Bolton all in close proximity to one another and there is a registered manager that oversees all three homes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager was on annual leave. The home was being managed by the deputy manager who was present for the inspection.

At the last inspection the service was rated overall good. At this inspection we found the service remained good.

People continued to remain safe from the risks of abuse or ill-treatment. This was because staff members knew how to recognise and respond to such concerns.

People were supported by enough staff to meet their needs and people received their medicines safely. The provider followed safe recruitment procedures when employing new staff members. Staff members had the training and skills to meet people's individual needs.

People received support that continued to be caring. Staff members respected people's privacy, dignity and promoted independence through personal skill building. Staff members knew people's support needs and assisted them as they wanted.

People had care and support plans that reflected the areas of their lives, which they needed support with. When changes occurred in people's needs these care and support plans were reviewed to reflect the changes.

People were supported to have choice and control over their lives. They were assisted by staff in the least restrictive way possible. Staff were aware of current guidance, which directed their practice. People's human rights were protected by the staff who supported them.

People were encouraged to raise any concerns or complaints. The provider had systems in place to address

any issues raised with them. Staff members felt valued as employees and their opinions and ideas were encouraged by the provider. The provider had systems in place to monitor the quality of service and where necessary made changes to drive improvements.		

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 remains safe.	
Is the service effective?	Good •
The service remains effective.	
Is the service caring?	Good •
The service remains caring.	
Is the service responsive?	Good •
The service responsive.	Good •
	Good •



Hartington House

Detailed findings

Background to this 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 provider is 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.

This inspection took place on 19 July 2017 and was unannounced. The last inspection took place on 11 December 2014 and was found to be meeting the requirements of the Act.

As this is a small service the inspection was carried out by one inspector. The service was given 24 hours' notice of this inspection. This was because the service provides care for younger adults who are often out during the day. We needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we reviewed information we held about the service. Since the last inspection we had not received any concerns or complaints about this service. We also contacted the local authority and Healthwatch to ask their views of the service provided.

During our inspection we spoke with three people living at the home. One person remained in their bedroom during our visit. We also spoke by telephone with one relative and one healthcare professional who supports people living at the home.

We looked at records held by the service including 2 care records, training records and quality monitoring audits. We also confirmed the provider used safe recruitment practices.



Is the service safe?

Our findings

People told us they continued to feel safe and protected from the risks of ill-treatment and abuse whilst staying at Hartington House. One person said, "Everything's brilliant, fantastic. I am safe. I can do pretty much what I want." A family member told us that their relative was supported to be safe in their everyday life. They said, "[Person's name] is safe and happy there."

Staff members we spoke with told us they had received training on how to recognise and respond to concerns of abuse. We saw information was available to people and staff on how to raise a concerns and who to contact if they needed.

We saw that the upgrading of the premises was on-going. The registered manager kept records of the progress of decorating and which contractors were in the building. We saw that paint and required tools were kept safely. Risks associated with the environment or with equipment had been identified and steps taken to minimise the risk of harm. We saw regular checks of the fire systems had been completed and that people had personal evacuation plans in place in case of an emergency.

We saw individual assessment of risk for people living at the home. These assessments were completed with the person and showed that people were encouraged to take some positive risks in their lives. This helped people to gain confidence to be more independent. All people were able to come and go as they pleased.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. Those we spoke with told us they were independent and self-sufficient and that they only needed staff to support them when they needed. One person said, "They (staff) are around if I needed them. I tell them if I am going out – it is only right that I do."

The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Staff files were kept at another location, so we were not able to view them. However, the staff we spoke with confirmed the safe procedures were followed.

People told us they received their medicines when they needed them. One person told us what their medicines were and what they were for. We saw three people being supported as they had wanted to be. Staff members had been trained and assessed as competent before assisting people with their medicines.



Is the service effective?

Our findings

People told us they continued to be supported by a well trained and experienced staff team. One person said, "I think they (staff) are great. They are good at their job." The staff we spoke with told us they had completed training, which included moving and handling, safeguarding adults and the safe handling of medicines.

New staff members working for the provider had a clear introduction to their role. This included undertaking induction at another service owned by the providers. This was to support new staff to learn about the more complex support needs of people before working at Hartington House. This was because the support and staffing needs of people living at Hartington House were less complex than the other homes. By training at the sister homes, new staff had more opportunity to see and learn more about people living with mental health needs. New staff then worked alongside more experienced staff members. One staff member told us, "The training and support is really good. I was supported to gain confidence in my role." Staff members told us they felt well supported by the manager and their colleagues.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems at Hartington House supported this practice. People told us, and we saw, that staff asked for people's consent before they helped them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection all people living at Hartington House had the capacity to make their own decisions.

People told us, and we saw, that they were supported to have enough to eat and drink to maintain their well-being. We saw one person planning what they wanted for their lunch and was encouraged by staff members to complete the preparation themselves.

People had access to healthcare services when they needed it.



Is the service caring?

Our findings

People told us that they were happy living at Hartington House. One person said, "I love living here. The staff help me to do lots of things." Another person, who was not able to have a conversation with us, showed a high level of happiness and confidence in the staff team. We saw that the staff were able to understand the person's mannerisms as they interacted with them. We saw that all people enjoyed a caring and mutually respectful relationship with the staff. People were treated as equals and enabled to live their lives as they wished. A relative told us, "[Person's name] is supported very well. The staff team understand [person]. They treat them with respect and help them to know their safety boundaries."

At this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat. All interactions we saw between people and staff was courteous, kind and respectful. People were seen to respond very positively to staff at all times. Where people needed assistance to maintain their personal dignity, such as with regard to appropriate clothing, this was done in a dignified and kind way.

People's personal identity and idiosyncrasies were celebrated and encouraged by staff. For example, one person was encouraged to enjoy music which related to their identity. They were also supported to attend concerts of their favourite musicians. The person showed us many pictures of them enjoying the concerts.

People's private and personal information was kept confidential and stored securely.



Is the service responsive?

Our findings

People told us they were still involved in the development of their own care and support plans. We looked at two support plans. The plans showed goals and action plans, which had been developed with the person. We saw that the goals were developed to support people's independence and diversity. One person told us, "The staff know all about me and help me to do things I like to do."

Staff we spoke with could tell us about those they supported in detail. This included family histories, health needs and support, likes and dislikes. Staff we spoke with told us about the importance of knowing those they supported. One staff member said, "It is so important to know each person well. How can we support people to learn new skills if we don't know them. The people also need to know us and trust us."

We saw people's care and support plans were regularly reviewed with them. Any recent changes to people's needs or preferences were recorded for staffs awareness. This helped ensure people received consistent care and support from a well-informed staff team. For example, one person was being supported to develop the social skills needed to be able to move into independent living.

At this inspection, we saw people engaged in a number of activities they chose and enjoyed. One person told us that they were supported to go out jogging, play pool and sing their favourite songs. We were then treated to a sing-along of many songs. The person enjoyed this immensely. People also told us that they were all encouraged to prepare a meal of their choice for everyone at the home. They were supported to shop for the ingredients and prepare everything. They then presented the meal to other people and the staff in the home. We spoke with two people about this. They enjoyed telling us about their favourite meal and that they liked preparing food for everyone. One person was supported to prepare a full roast dinner for everyone. The staff member told us, "This was a great achievement for [person's name], because it involved multi-tasking to get everything ready at the same time. We saw photographs of the people enjoying the meal.

Staff recognised the importance of family relationships and supported people to maintain them. One person told us that they were supported to travel on the train to spend time with their family. They told us they enjoyed these trips very much. A relative we spoke with said, "The staff make sure we keep in touch. They make me very welcome when I go to see [person's name]."

People told us they knew how to raise a complaint or a concern if they needed to do so. One person told us, "I would always tell the staff if I had a problem with anything. They would sort it out for me."



Is the service well-led?

Our findings

There was a registered manager in place at Hartington House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People told us that they were happy and supported well by the registered manager and staff. We saw that the service was run wholly for the benefit of the people living there. People were involved in everyday decisions about the running of the home.

Observations and feedback from staff showed us that the registered manager had an open leadership style and that the home had a positive culture. Staff members felt valued by the manager and provider. Staff members told us they had regular opportunities to discuss their roles and their support of those living at Hartington House. Staff members, the registered manager and provider shared values of enablement and promoting independence for those they supported.

Staff understood the whistle blowing procedures and felt they would be supported should they need to raise a concern.

The registered manager consistently carried out regular audits on medicines management, care planning, risk assessments and the safety of the premises to drive improvement. An action plan was put into place when needed to resolve any shortfalls identified. Audit records we saw were up to date and there were no concerns identified.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, water temperatures and servicing of equipment.