

Hartlands Care Home Limited

Hartlands Residential Home

Inspection report

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Shropshire
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Tel: 01743356100

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Hartlands Residential Home is a care home that provides personal care for up to 31 people, some of whom are living with dementia. At the time of the inspection 28 people lived at the service. The home had some large rooms that could be utilised as a double room to accommodate couples, friends or family members who wished to share a room.

People's experience of using this service: We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw that staff were very thoughtful in their approach to people.

People we spoke with gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "The best staff ever – they are our friends"

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The food served at the home was of a very high standard. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were many activities provided at the home and people told us that they enjoyed them.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home.

More information is in the detailed findings below.

Rating at last inspection: The service was rated Good at the last inspection in September 2016.

Why we inspected: We inspected the service in accordance with our ratings programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Hartlands Residential Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspection manager 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: Hartlands Residential Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eleven people who lived in the home and three relatives to ask about their experience of the care provided. We spoke with two members of care staff, the activities coordinator, the care manager and the registered manager.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety audits developed and implemented by the registered manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One relative told us "We cannot fault this place one bit. Our relative has been here for six years and it really is a fantastic place it is safe and everyone is kind and caring especially the manager who we think is an absolute star and has a wonderful way with people – he cares for everyone – residents, staff and visitors."
- The staff had all received safeguarding training and were able to explain what action they would take if they had concerns.
- Safeguarding information was available in the home.
- The registered manager maintained a clear audit trail of incidents and actions taken in response to ensure that people's safety was maintained.

Assessing risk, safety monitoring and management

- The environment and equipment was safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire and these had been updated following the changes in people's needs.
- Risk assessments clearly identified people's needs and actions to take to support them and maintain their safety.

Staffing and recruitment

- We looked at staff recruitment and saw three files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to the new staff commencing work in the home.
- We looked at staff rotas and saw that there were adequate staff on duty to meet people's needs. Throughout the inspection we observed staff responding promptly to people's requests and staff observing people's needs and offering support without needing to be asked.

Using medicines safely

- We observed a staff member administer medicines to people and this was done safely and in accordance with the provider's policy.
- Medicines audits were carried out regularly. We looked at these and they demonstrated the improvements that had been made to the administration processes.

Preventing and controlling infection

- One person we spoke with told us "I am quite content living here and very happy because we know that we are safe and secure well looked after by lovely staff every one of them. It is clean we have nice places to sit."

- We looked around the home and saw that it was clean and tidy and audits were regularly carried out to ensure that the home was kept clean.
- Gloves and aprons were available in all the bathrooms and toilets for when they were required.
- The kitchen had been awarded five stars at the environmental health inspection that took place the day before our inspection. This was the highest possible score.

Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.

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

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

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

- We observed that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. When people could not make their own decision then legal processes had been followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- One person told us "They look after us very well all of the time and we are always treated politely when they have to help us with things like washing and dressing. They help us get into bed and never rush us everything is done with a smile and chat."
- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due.
- Staff induction, supervision and appraisals were recorded and we could see that these were always completed. All staff had regular access to their line manager to discuss any issues or concerns.
- Agency staff were not often used. Consistent staff were provided from the same agency when required so continuity of care could be provided.

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

- We observed people having lunch during the inspection. Lunch was relaxed and staff were on hand to support people who needed help. The food looked and smelled appetising.
- We saw one person hesitate and needed a gentle prompt to start eating. Staff were on hand, discreetly observing the support that people needed.
- We saw that people's weights were closely monitored and early intervention taken if people started to lose weight.

Staff working with other agencies to provide consistent, effective, timely care

- The service demonstrated that they worked closely with medical staff, social workers and district nurses teams to meet people's needs safely.

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

- The service had been refurbished since our last inspection and the people who lived in the home had chosen the décor and colour schemes.
- Dementia friendly signage was used to orientate people around the building.

Supporting people to live healthier lives, access healthcare services and support

- One relative told us "They keep us informed at all times if there is any change in them or the doctor has to be called we are informed immediately. The staff are so good and have a real team spirit and everybody is so happy." Another relative said "They have to support our relative with everything and everything is done with care, kindness and respect. The doctor is always called promptly which is good – and they had recently been very ill and the care was exemplary."
- The service had positive relationships with the local GP surgeries and they worked together to meet people's needs.
- We saw that staff observed people closely and took prompt action when it was required. During our inspection we saw that one person's behaviour alerted a staff member. They took prompt action to check that the person was ok, alerted senior staff and then monitored the person closely for the rest of the day.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service had a very close relationship with a local church that many people in the home accessed to attend services and get involved with other community events.
- One person who lived in the home belonged to a different religion. This was supported by the staff and they accessed spiritual care from their local church.
- A relative was keen to share their views with us. They said "Overall we know the place is outstanding. Everyone is always so caring, kind and thoughtful including the manager. Nothing is left to chance, everything is thought of and it's hard to know how but if they could improve things further they would. Look at what they have done with the lounges and dining room – marvellous. Plus you only have to listen to the staff and watch their attitude to the residents you can see and hear the caring – which is so good to see and hear."

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

- Throughout the inspection we saw lots of examples of people being encouraged to make choices for themselves about what they wanted to eat and how to spend their time.
- We spoke with one staff member and they told us "It is very important to us to keep our residents as physically and mentally active as possible. Because if not people can get quite distressed and anxious and we don't want that for them. We want them to be happy, relaxed and enjoy their life here. We want them to not only be safe and secure but feel safe and secure and be treated with respect and individuals with lives and many memories."

Respecting and promoting people's privacy, dignity and independence

- We observed lots of warm, positive interactions between staff and people who lived in the home. Staff knew people well and how they liked to be cared for. One person told us "The girls and the manager are marvellous all kind, caring and considerate all the time people are never in bad moods or anything like that and they must get tired sometimes. I have clean clothes every day and a shower they have to give me a bit of help sometimes and they are always there. If I get up in the night they are always there to check on me to make sure I am alright and if I do need them I can call for them and they are there immediately. When they help me with personal things I never feel awkward or embarrassed because everyone here respects your dignity and personal space – they get the balance just right."
- Staff were discreet with support that they provided by quietly reminding people to ensure that their personal care needs were met.
- We observed two people become distressed as they were confused and disorientated. On both occasions the staff were very supportive to them, offering physical contact and staying with the people, quietly soothing them and reassuring them. One person cheered up quickly but the other person needed support

for longer and the staff member was patient and kind.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person said "It is good here I am never lonely or afraid – everyone chats to me and includes me. I like all the activity it's fun to watch people really enjoying themselves and I like to listen its really nice." Another person said "We get taken out and we have lots of different people and children come in which is lovely and adds variety to every day."

- The care plan files we looked at were very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their communication methods, health, emotional, and physical health needs.

- It was obvious that staff knew about people's routines throughout the day and their preferences about how they liked to be cared for however, we could not always see these preferences recorded. The registered manager was very responsive to this feedback and was taking action before the inspection had completed to work with staff to improve this.

- We saw lots of examples of staff spending time with people, talking quietly and offering reassurance.

- Lots of activities were provided in the home. We observed a music activity session. This was a form of arm chair exercise. We saw that people really enjoyed it and engaged with the activity. The staff member was skilled in facilitating the session and enabling people to join in, however small their contribution.

- The home engaged with the local community on a regular basis. For example, they had a good relationship with a local nursery and often carried out activities together such as bonnet competitions at Easter.

- We saw that people had regular opportunities to go on day trips of their choice. Trips included Chester Zoo, local garden centres and an aeroplane museum.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in the home. There were no recorded complaints since our last inspection.

- People we spoke with told us that they knew how to complain but they had never needed to.

End of life care and support

- Staff understood how to support people and their families at the end of their lives.

- Some people had advanced care plans in place to make their choices clear for the end of their lives to ensure that the home understood their wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services are required to inform CQC of certain events. These are called statutory notifications. The service had sent a number of these as required by law.
- Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff told us and we saw records to show they had regular team meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was present during the inspection and they showed us the systems and processes that they had put in place in the home which meant that the service continued to function well with or without their presence. Staff were very clear of roles and responsibilities.
- The registered manager informed us that they were in the process of taking on a locality manager role and the care manager would also be applying to register with CQC as a registered manager to support the home.
- The registered manager had a close supportive relationship with the provider of the home. They communicated regularly and the provider was very receptive to what the home needed. The provider supported the staff and rewarded them with presents on their birthdays and hampers at Christmas. The provider also gave the people who lived in the home presents on birthdays and at Christmas.

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

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the environment of the home.

Continuous learning and improving care

- Satisfaction surveys were sent to people who lived in the home, relatives, and staff members involved with the home to give feedback to make improvements. We could see that the registered manager analysed feedback and made changes to the care provided to ensure that people's views were responded to.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership to improve people's wellbeing. For example, the service accessed the local dementia friendly cinema.