

HC-One Beamish Limited

Hartford Court

Inspection report

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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

Hartford Court is a residential care home which provides older people with personal care. The home can accommodate up to 68 people. On the day of our inspection visit, 62 people were using the service.

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

People and their relatives told us the care was safe and they were happy at Hartford Court. Medicines were managed safely, there were enough staff on duty and staff were recruited safely. People were protected from abuse by staff who understood how to identify and report any concerns. People were protected from harm as risks had been assessed and plans put in place to mitigate these.

The registered manager carried out detailed assessments of need and people's preferences to ensure the home could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained, and they were well supported and supervised by the management team. The service worked well with community healthcare partners to ensure people received healthcare support where needed.

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.

Interactions we saw between people and the staff team were positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

People received personalised care that was responsive to their needs and preferences. They were involved in reviews of their care where they were able. People were supported to engage in activities to reduce their risk of social isolation.

There had been a lot of manager changes at the home since our last inspection. This had impacted on the quality of service provided and staff morale. The registered manager who had been in post for a year had driven improvements and provided stability. People's feedback was sought regularly and acted upon. We received very positive feedback from people, relatives and staff about how the service was now managed. There were effective systems in place to monitor the quality of the care provided.

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

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartford Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Hartford Court

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector 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

Hartford Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and fire service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including; the registered manager, deputy manager, two senior carers, two care workers, and the activity co-ordinator. We also spoke with the providers' area director and quality lead who both visited the home during the inspection. We observed with how staff interacted with people using the service.

We reviewed a range of records. This included five people's care records and multiple medication records. 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 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. One person said, "It is safe because carers are here and they have time to talk and help me with what I need."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff told us they received robust training and records confirmed this.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk of harm.
- The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs.
- We spoke with new members of staff including those in senior care roles who said they had been well inducted and supported. One person told us, "There have been some changes in carers, I think there are enough, it is getting better now, they are all really lovely."
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- The service had moved to an electronic administration and recording system recently. The registered manager was checking this daily to ensure in these early stages it was working correctly. The service was planning on delivering further training to ensure staff were using the electronic system to its full potential.
- Medicines administration records showed people received their medicines in a timely way.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- The service had an infection control policy in place. Staff were aware of infection control measures and were observed wearing gloves and aprons.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- The registered manager had led on falls training, awareness raising and monitoring which had led to a significant decrease in falls recently.

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 the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People's needs were assessed prior to their admission by the registered manager. Their needs, preferences and choices were well documented.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training. We met with one new senior staff member who said, "My mentor has been great and really helped and supported me."
- Staff confirmed they were supported using training and supervision. The registered manager kept a staff training matrix which showed staff training was up to date.
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One person said, "The fish and chips it is better than the ones we got at Whitley Bay when we went on a trip. They food is lovely here."
- We saw that cakes, biscuits, snacks and drinks were available in all areas of the home from first thing in the morning so people could help themselves.
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets.

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

- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs. We observed staff communicating and working with visiting health care professionals during the inspection. One relative said, "When my relative became ill they arranged for a new bed and a mat to help and they did it quickly."

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 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 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 on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity and cognitive needs were detailed in their care records. The home also recorded where people had Lasting Power of Attorney authorisation in place, so those named could act legally on the person's behalf.
- We observed staff supporting people with day to day decisions and respected their choices.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated 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.

- Staff treated people with kindness and respect. One person told us, "They are caring. The staff are chirpy enough and there is always someone to talk to me."
- We observed staff treating people with warmth, compassion and kindness. One relative said, "They try hard to have a relationship with my relative, for example they get close when they are speaking."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.
- The registered manager regularly spoke with everyone at the service. One person told us, "We have every confidence in the new management, they are making things more settled and making progress. It's on the up and up."
- The service ensured that people's religious and cultural needs were met and respected.

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

- Staff supported people to be involved as much as possible with making decisions about their care. Relatives told us they took part in discussions about the person's care and support needs. One relative said, "They make suggestions and think ahead, to make things better for our relative. They talk to us about it, it is great."
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain their independence. We observed staff assisting people to manage their own care, as much as possible.
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant 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

- Care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Care plans were reviewed regularly and reflected people's current needs.

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

- Staff respected people's right to family life and avoid social isolation. Relatives told us they were welcomed into the service.
- The home worked alongside a separate day centre on site and they worked together to provide a wide range of activities, entertainment and outings.
- We observed people leaving the home for outings with relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and care plans described appropriate methods of communication such as using pictures.

Improving care quality in response to complaints or concerns

- The registered manager was proactive in visiting people and meeting and greeting relatives to check they were happy with the care at the service.
- The registered manager kept a record of all complaints received. Details included a full investigation, all action taken, and the outcome communicated to appropriate people.

End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life

care. One relative said, "The looked after my relative very well to the end and even put a bed in the room, so I could stay with them."

- People's spiritual faith was recorded in care plans as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and, where appropriate, an emergency health care plan in place.
- Staff carried out observations to ensure people were not suffering from pain and accessed healthcare services out of hours when required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had experienced inconsistent leadership and a lack of morale due to a high turnover of managers. The registered manager had been in post for a year and people, relatives and staff said they had made a very positive change on the service. Morale was now high and good leadership was evident. One relative said, "It has improved since the new manager has come and I have every confidence in her."
- The service involved people and their families in day to day discussions about their care and support.
- Staff told us they felt listened to and that the management team were approachable. Staff told us, "The support here is great, you are listened to and your views respected."

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

- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.
- A robust quality assurance system was in place to review the service and drive improvement. The registered manager had responsibility for ensuring quality monitoring standards within the service were continually developed and improved outcomes for people.

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 registered manager conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred, such as serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives were asked for their views of the quality of the service via surveys. One relative said, "The boss comes in every day to talk to my relative." All feedback received was analysed and any identified actions were completed. All results and actions were fed back to people and relatives.
- Staff meetings took place regularly and the registered manager had changed the times of these to ensure as many as possible could attend.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.