

# R.Hart Care Limited

# Hart House

## 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	

### Overall summary

We inspected Hart House on the 11 August 2015.

The service provides accommodation and support for up to eight people with mental health issues. There were six people living at the service at the time of our inspection.

The service had a registered manager in post. 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 were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

# Summary of findings

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's GPs and community mental health professionals.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

# Summary of findings

## 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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Hart 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 was planned to check 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 the 11 August 2015 and was unannounced.

The inspection team consisted of two inspectors.

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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with four people, the clinical advisor, a senior and three care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "It's very good here I am very happy." Another person said, "I feel safe here."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "I have a duty to report it if someone is being abused or treated badly, I would notify a senior or manager." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, "If I had any concerns that were not dealt with by the manager I would go straight to the council or CQC." The manager had reported any safeguarding concerns to the local authority and CQC appropriately to keep people safe. Staff explained that where people had been identified as being vulnerable with cash for example, risk assessments had been put in place to support people to manage their money.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to develop the skills they needed to live independently. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. One member of staff said, "My role is to support people to live their lives."

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. For day to day maintenance at the service the manager employed a maintenance person. Should there be an environmental emergency staff had contact numbers to call, for example for plumbers or electricians.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual programs and access to the community.

Throughout the day there were three staff on duty to support people, at night there was one sleep-in member of staff and one awake. When indicated due to need the staffing numbers could be increased. If there was a shortfall due to sickness, regular staff would usually cover these shifts. One member of staff told us, "There is enough staff, if we need extra staff our regular staff will cover, we are never short of staff." Duty rotas we reviewed confirmed this.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff said, "I saw the job advertised so phoned and spoke with the manager, I completed an application then came for an interview."

People received their medications as prescribed. The service encouraged people to be independent with their medication and had processes in place to support people, dependent on their needs. Some people completely managed their own medication and had these stored in their room in locked containers. Other people dispensed their own medication under staff supervision and their medication was securely stored by staff. One person said, "I pick up my own medication and staff order it for me, staff watch me take my medications." People were supported by staff to re-order their medication supply from the GP and chemist. Where appropriate people collected their own prescriptions and took them to the chemist to be filled. Staff told us they were also supporting one person to re-order their medication electronically.

Senior staff who had received training in medication administration and management dispensed the medication to people or supervised people dispense their own medication. We observed that staff checked medication administration records before they dispensed the medication and that they spoke with people about their medication.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. The service carried regular audits of the medication and checked staffs' level of competency. This told us the service was checking that people received medication safely.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “We do a lot of training, I have just enrolled to complete my national vocational qualification level 3.” In addition they said, “Training helps me to do my job, it gives me the knowledge of how to care for people.”

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as ‘shadowing’. New staff also completed a comprehensive induction programme to equip them with the skills and knowledge they needed to support people. One member of staff said, “When I first started I came in and went through policies and people’s support plans to get to know people. I then worked with other staff who showed me the routine and how to support people.”

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. One member of staff said, “We try to promote their independence and support them when they need it.” People at the service had capacity to make decisions. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act, however nobody currently

required to have a DoLS in place. The manager had made appropriate referrals for people to have their capacity assessed where it was felt they lacked capacity to make certain decisions, for example with regards to their finance. This told us people’s rights were protected.

People had enough to eat and drink. Staff supported people to be independent with the preparation of their food. Where appropriate people were allocated a budget weekly to buy their own food. Staff offered support by planning menus and helping people budget and buy their shopping. People had their own allocated space in the kitchen cupboards, fridges and freezers. Where people did not have the skills to prepare their own food the staff, in consultation with them, provided their meal choice. Staff told us they supported people to make healthy and nutritional food choices. One person who had been trying to lose weight told us, “I have lost weight since I have been here.” Their support plan reflected staff were supporting them to lose weight.

Throughout the day we saw people helped themselves to drinks, snacks and meals as required, mostly independently. Where people needed support we saw staff involve them and give them choice over their meal.

People had access to healthcare professionals as required and we saw this recorded in people’s care records. We noted people were supported to attend any hospital appointments as scheduled. People were supported to access chiropody, dentist and opticians in the community. When required people received specialist support and review from mental health professionals and a community mental health services. One person told us, “I am off to see the doctor today.”

# Is the service caring?

## Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said, "I get on very well with the staff, I like living here." Another person said, "The staff are friendly here."

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversation and exchanges about people's well-being and how they planned to spend their day. Staff were supportive to people in helping them make decisions about how to constructively spend their time. One person told us, "Staff help me be independent." A member of staff said, "I feel we support people, even if it's just them feeling lonely we sit and talk with them."

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People spoke fondly of their key workers, one person said, "I get on well with [staff name] because they understands me." Another person said, "[Staff name] is here 3-4 days a week we go to the sea front and shopping at Lakeside together."

People told us that staff respected their privacy and dignity. People told us they had their own rooms and had their own keys so they could keep their door locked if they liked to have privacy.

People's diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community. One person told us, "Staff come with me to church when I want to go."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person was currently on leave with their family visiting relatives in another country and one person had just spent the night at their parents. People told us, "I have friends come and visit me here."

The service was spacious with plenty of room for people to receive visitors. There was also a separate comfortable lounge where people could entertain their visitors if they wished. There were no restrictions on visitors or the times relatives and friends could come to the service.

Staff understood the need to maintain confidentiality and information was stored within locked offices.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager or deputy met with other health professionals to plan and discuss people's transfer to the service. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan put in place. Staff said the aim of the service was to help people develop skills to live more independently in the community.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication, likes, dislikes and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. People we spoke with said they had been involved in their support plan and had copies of it. We saw from records that people's comments were recorded on their care plan each month when their support needs were discussed with their

key worker. The support plan was regularly updated with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were very active and enjoyed varied pastimes that were meaningful to them. One person told us, "I like to go swimming and to the gym." Another person told us, "I go to college, I have done maths and Art courses." We saw another person was supported to take part in band practice as they enjoyed music. People were encouraged to actively spend time in the community and on the day of our inspection one person was attending an appointment to arrange voluntary work experience for themselves. As well as having active hobbies and social lives, people were supported to develop everyday living skills, such as attending to laundry and general housework.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People were confident they could raise any concerns with the manager or staff.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.



# Is the service well-led?

## Our findings

The service had a registered manager in place and the manager and deputy manager were very visible within the service. Staff shared the same vision as the manager which was, to enable people to develop skills to become as independent as possible. One member of staff told us, “We aim to promote independent living, for people to live without restriction and to have choice.”

People felt at ease discussing any issues with the manager, one person said, “[manager name] is very nice.”

Staff felt very supported by the manager, one member of staff said, “They are always available and approachable, you can discuss anything with them, they always have time.” Staff received regular supervision from the manager and a yearly appraisal. One member of staff said, “We have supervision every couple of months and staff meetings every month.” In addition they said, “We discuss everything about the people living here, any extra support needed, any training we need, or issues we have.” Staff also said they felt their opinions were listened to and their views were asked on how to best run the service and support people. One member of staff gave an example of how they changed the cleaning of the kitchen following ideas to

improve this at a meeting. Staff also said they felt they worked very well together as a team. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. The manager also used questionnaires to gain feedback on the services from people, relatives, staff and other health professionals. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.