

# Hartford Care Limited

# Stokeleigh

## Inspection report

19 Stoke Hill  
Stoke Bishop  
Bristol  
BS9 1JN

Tel: 01179684685  
Website: [www.hartfordcare.co.uk](http://www.hartfordcare.co.uk)

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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

This inspection took place on 11 and 12 May 2017 and was unannounced. We carried out this inspection because we found one breach of regulation at the last inspection carried out on 19 April 2016. The provider sent us an action plan which we reviewed during this inspection.

Stokeleigh is registered to provide personal care and accommodation for up to 30 people. The home specialises in the care of older people, some of whom are living with dementia. At the time of our inspection there were 24 people living in the home.

There was 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 of the Health and Social Care Act 2008 and associated Regulations about how the home is run.

The registered manager and staff understood their role and responsibilities to protect people from harm. Staff had received training in how to protect people from abuse. The risks to people had been assessed, recorded and plans implemented to manage these.

Staffing levels ensured people's needs could be met safely.

Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only the appropriate staff were employed to work at the home.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

People were supported to eat and drink enough to meet their dietary needs and preferences. They also received the support they needed to stay healthy and to access healthcare services.

Staff knew the people they supported and offered care in kind and compassionate ways. People's dignity was maintained and staff gave people the time they needed when speaking with them. People were involved in decisions about their care and extra support was available should this be required. People were supported to maintain their independence.

The registered manager promoted an open and inclusive culture within the home. People and their relatives felt the home was well managed. Staff felt well supported and were clear what was expected of them.

The registered manager assessed and monitored the quality of the service provided for people. Systems were in place to check on the standards within the home. These included regular audits of care records, medicine management and health and safety.

## 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.

People told us they felt safe living at the home. All of the staff we spoke with were knowledgeable about the safeguarding adult's process and records showed all staff had received training in safeguarding.

Risks associated with people's care were identified and managed. Staff understood how to manage risks.

There were enough staff to meet people's needs. The registered manager had completed checks to ensure as far as possible only suitable people were employed.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received training and knew how to meet people's needs.

Before providing care to people, the provider ensured they obtained people's consent, where possible, and followed legal requirements where people did not have the capacity to consent.

People received care and support from staff who were knowledgeable about their needs.

People received a nutritious and balanced diet.

### Is the service caring?

Good ●

The service remains caring.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving

personal care.

People we spoke with were positive about the care and support they received. Staff demonstrated a good understanding of peoples' likes and dislikes.

People said they were very happy with the care and support they received.

The staff had a good understanding of people's care needs and knew people well

### **Is the service responsive?**

**Good** ●

The service remains responsive.

People's care plans took into account their care needs, health, likes and dislikes and these were used to provide people with personalised care and support.

Improvements had been made to the activities programme and people were actively encouraged to participate in social activities that were meaningful and reflected their social interests.

There was a formal complaints process in place and people knew what to do if they were concerned or worried about anything.

### **Is the service well-led?**

**Good** ●

The service remains well-led.

The home was well managed and staff were clear about their roles and responsibilities. Staff were supported by the registered manager.

The home had a positive, open and transparent culture.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

There were systems in place to assess and monitor the quality of the home, including a range of audits, checks and gathering feedback from people, their relatives and staff.

# Stokeleigh

## **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 was 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 May 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the home, what the home does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home. This included notifications we had received from the home. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted three health and social care professionals as part of our planning process and invited them to provide feedback on their experiences when visiting the home. We received a response from two professionals.

During our visit we met and spoke with five people living in the home and three relatives. We sat and observed other people who were unable to communicate. We spent time with the registered manager, deputy manager and spoke with four staff members. We looked at two people's care records, together with other records relating to their care and the running of the home. This included employment records of staff, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home. All the people we spoke with said that they felt Stokeleigh was a safe environment and family members said they were more than happy that their relative was safely cared for. Comments included, "Yes, I am feel safe here"; "Really safe" and "I feel my relative is safe. They can go out walking around in a secure garden".

We received the following comments from professionals, "I feel people are safe here. I spend time here with the staff and they seem knowledgeable". I find them welcoming when I visit" One professional felt during visits to the home that the staff seemed stressed with buzzers going off. However during our visits we found the staff appeared calm, relaxed and communicated with each other to ensure buzzers were answered promptly.

Staff were aware of the importance of protecting people from the risk of harm or abuse and were clear about their obligations to report any concerns or suspicions. Staff confirmed that they had completed training in safeguarding people and would not hesitate to report anything that they were concerned about. There was guidance available for staff, people living in the home on how to contact the local authority's safeguarding team if they needed to. Staff said they were confident and comfortable in reporting any concerns to the senior staff. The registered manager had made the appropriate safeguarding referrals to the local authority safeguarding team when they needed to.

Appropriate action had been taken along with learning from any events of safeguarding incidents. For example from a recent safeguarding referral made by the home the front door had a door closer device fitted to ensure this closed automatically. A sign was placed on the front door which asked visitors to ensure they closed the door behind them.

Risk assessments were in place to guide staff of actions they should take to help keep people safe from harm. These assessments covered a variety of possible risks including falls and the use of bed rails. Staff spoke with us about specific risks relating to people's health and well-being and how to respond to these. These included risks associated with weight loss, maintaining skin integrity and behaviours which may challenge. People's records provided staff with detailed information about these risks and the action staff should take to reduce these. Risk assessments were regularly reviewed by staff.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. This was completed through a dependency tool which calculated the number of staff required to meet people's needs at the home.

People were safely supported by an adequate number of staff. Rotas confirmed that there were enough staff on duty to meet people's needs safely. The minimum staffing levels were one senior care staff and four care staff in the morning and one senior care staff and four care staff in the afternoon up until 8pm. After 8pm there was a senior care assistant and three care assistants on duty until 10pm, after this time there was three care assistants who worked waking nights. The care staff team were supported by the registered manager,

deputy manager, two domestic staff and one cook. The registered manager had recently recruited a weekend activities coordinator.

We looked at staff recruitment records of three staff and spoke with staff about their recruitment. We found that recruitment practices were safe and the relevant checks were completed before staff worked at the home. A minimum of two references had been requested and checked from previous employment. A further two personal references were requested. Disclosure and Barring Service checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. A fridge was available to store medicines which required lower storage temperatures. Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately. There were safe systems in place for the receipt and disposal of medicines. The local pharmacist visited the home yearly to carry out audits of people's medicines and its storage. This showed current guidelines and legislation in managing people's medicines was followed.

Maintenance records were checked of the home which included call bell system, water checks, fire, electrical and gas supply. Systems were in place to ensure the home kept up to date with annual safety checks in relation to fire safety equipment, portable electrical equipment and gas.

The home was clean, fresh and tidy. Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The home had been awarded a five star hygiene rating by the local authority. Policies and procedures were in place to minimise the risks of infection and these were adhered to by staff. Staff had been trained in the prevention and control of infection and food safety. These arrangements helped minimise the risks of cross infection within the home.



# Is the service effective?

## Our findings

At our last inspection on 19 April 2016 we found that the principles of the Mental Capacity Act had not been adhered to. The home had disregarded the needs of some people by failing to meet the conditions set out within Deprivation of Liberty Safeguards Authorisations (DoLS). We issued a requirement notice and the home provided us with an action plan outlining how they would make the required improvements. At this inspection we found a great improvement had been made. The registered manager had put together a spreadsheet which outlined conditions set out for each person who had a Deprivation of Liberty Authorisation in place. This helped staff to monitor the conditions in place for people. An example was one person had a condition in place where the power of attorney authorisation form was requested to be kept on file. We checked during the inspection and found this had been put into place.

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.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection seven people's applications had been authorised by the local authority. Records showed 15 application forms for people were awaiting assessment by the local authority or were awaiting a decision to be made. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the registered manager involved people's families to support them in making decisions.

We spent time observing how care and support was provided to people at mealtimes. Staff took time to help people to their chairs and offered them assistance with their meals if they required help. They spoke to people throughout the meal and encouraged them to eat. One person chose not to sit at the table for their lunch. Staff used different approaches to help the person focus on eating. When they chose to sit down on a chair in the corridor the staff brought their meal to them. This allowed them the freedom to eat where they liked. The deputy manager said another person liked to eat in the dining room after other people had left

the dining room so they could be alone. Other times they liked to sit in deputy manager's office to eat meals.

New staff attended an induction when they started work. The induction introduced staff to the aims and objectives of organisation and included mandatory training and shadowing more experienced staff. A staff member told us, "This was my first job working in care and I really enjoy working here. I did nearly two weeks of shadow shifts". Another staff member said "I had a good induction. There was a lot of support for me". Records confirmed new staff were supported and received regular probation review meetings.

Training was planned and was appropriate to staff roles and responsibilities. The registered manager ensured the staff undertook a range of training and monitored when updates were needed. We viewed the training records for the staff team which confirmed staff received training on a range of subjects. Training completed by staff included, food hygiene, safeguarding, dementia care, pressure care, manual handling, infection control, protecting information and health and safety. There was evidence of regular team and individual meetings where the staff had opportunities to discuss their views. There were also annual appraisals for the staff. The staff confirmed that they were given opportunities to develop and learn new things.

Menus choices were balanced with two choices offered daily. Menu boards advertised what was available each day. Food was well presented and looked appetising. People had access to juice and water in their rooms and communal areas of the home. A tea trolley was taken around the home several times during the day. We observed that one person helped the staff to give out drinks to people.

People's care records contained nutritional assessments and specified their dietary needs along with likes and dislikes. People's nutritional needs were assessed and kept under review. The registered manager said two people were at risk of malnutrition. People's care records contained information about people's nutritional intake and the support they needed.

The registered manager said in the past advice had been sought from the dietician or the speech and language therapist (SALT). If a person needed additional support the information received was included their care plans.

# Is the service caring?

## Our findings

The people living at the home and their relatives were content and complimentary about the care and support provided. One person told us, "The staff are lovely", "Some of the staff are new and they have taken to the job well and seem very caring", "They have really good staff at the home and they care for the residents very well".

We observed positive staff interactions with people which were good humoured, while polite and respectful. Staff communicated with people in various ways which included hand gestures as well as talking to people in a polite manner. We sat and observed social activities in the lounge on both days of the inspection. During an exercise activity one person had become tearful whilst listening to the music in the background. Staff were very attentive and empathetic towards the person and offered them reassurance.

People were treated with compassion by staff that recognised and took action when they showed signs of distress. For example, one person had become anxious and walked around the corridor distressed. Staff used different approaches and distraction techniques which proved to have a calming effect.

People were treated with dignity and respect by staff. They showed respect for people's privacy by knocking on doors before they entered and in the way they ensured they retained privacy when delivering any personal care. People appeared well dressed with clean nails and hair. On the first day of the inspection the hairdresser visited the home to style those people's hair who wanted this.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and care plans showed that people were able to maintain their religion if they wanted to.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence. One member of staff said how the staff had worked hard and helped a person to walk again after they suffered from illness. The person was determined and with the commitment and help from staff the person reached their goal to walk again. The staff member said they felt proud like they achieved a goal for themselves.

The registered manager said that they would involve advocates if the need arose to support people. At the time of the inspection no person at the home had an advocate actively involved. Staff spoke to us about the ways in which people's confidentiality was maintained. They explained about how information about people would only be shared with other people who had the right to know it. Shift handovers were conducted in private. This enabled sensitive information to be handed over on a need to know basis.

People's end of life wishes had been recorded so staff were aware of these. The registered manager told us people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar

staff.

## Is the service responsive?

### Our findings

Relatives made positive comments about how care was planned and provided and that they felt involved in their loved ones care. One relative said "The care here is very good and I feel X has her needs met. They always seem happy and looked after" and "I visit several times a week and the staff are always at hand to help support people". Another relative said, "I see photos of my relative taking part in activities which makes me feel happy knowing they are settled. We are happy with the standard of care".

The home was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication, likes and dislikes. Assessments also recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

People's needs had been assessed in partnership with them or their representatives. Where needs had been identified through the assessment process, a care plan had been developed to address them. Care plans were in place for areas including communication, nutrition, health, personal hygiene, skin integrity, emotional wellbeing, continence and mobility. The plans provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly by staff to ensure that they continued to reflect their needs. Care plans recorded what people could do for themselves and where they needed support.

We spent time in the communal areas of the home. We observed staff playing ball games with a group of people followed by an armchair exercise class. Staff offered people individual support with activities, such as reading newspapers, supporting people to do crosswords and talking with them. There was a plan of group activities and people enjoyed participating in these. Some people living at the home enjoyed gardening and we observed people weeding areas of the garden. Other people enjoyed walking around the garden whilst others stood near and watched. One person said, "I love weeding and find it relaxing out here". In one person's care plan it recorded how the person liked to be outside and how walking was important to them. We observed the person freely walking around the garden when they chose.

The registered manager said the staff had worked hard to improve activities at the home and this had been one of the areas they focused on since the last inspection. The home shared a minibuss with the other care homes within the organisation. Stokeleigh were due to have the minibuss back in June and outings had been organised for people.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, district nurses and the community outreach team. During the inspection we heard staff contact the GP for a person due to a change in the person's wellbeing. People were registered between two doctor's surgeries who visited the home when required.

Records showed that complaints received had been investigated by the management team. There was a complaint policy in place, which detailed how people could complain and the action the home would take to respond to complaints. Staff were aware on how to manage complaints. Within the last 12 months the home had received five formal complaints and these had been investigated by the registered manager with an outcome achieved. The registered manager said they used information from any complaints to review their practice.

Most people living at the home were not able to tell us about the action they would take if they were unhappy. We spoke with staff about how they would tell if people were unhappy. Staff told us they would notice any changes in the person's behaviour which may indicate they were unhappy.

## Is the service well-led?

### Our findings

The home was well led by a management team who were committed to ensuring people received personalised and good quality care. We were impressed with both the registered manager's and deputy manager's knowledge of the home, together with their friendly and approachable manner towards both people who lived there and the staff. The registered manager and the deputy led from the front and were both visible throughout the day and did daily 'walkabouts' round the home. The deputy manager said this promoted effective working and made it clear what the priorities were for that day.

We received the following comments from professionals, "I think the home is well led and I can see lots of improvements. The staff have much more direction". One professional felt that sometimes the verbal approach of one of the managers towards staff can be uncomfortable. However during our visits we found the staff appeared happy and forth coming to offer praise about the leadership of the home.

The staff told us that the registered manager led by example and was supportive, easy to talk to and they could always approach them. They added that they had strong values and a desire to continually improve the home. Staff were very highly motivated and proud to work at the home. Staff told us, "Both managers work well together and bounce ideas off each other", "Since they have both been in post I think things have improved. One or two staff will complain but overall morale is good", "I actually enjoy coming to work and feel like I am achieving".

The registered manager had showed they were committed to improving the quality of service they provided to people. They had introduced a number of initiatives to help make improvements to the home since the last inspection. These include introducing a walkie talkie system for staff to use. The staff told us this had dramatically improved communication with each other as well as response times in answering call bells. Where people needed assistance the staff were able to direct each other to assist people. Other areas the registered manager had made improvements to the home included changes made to the activities programme and person centred activities. This had a positive impact on the people's daily lives.

The home used a social media site to share photos to relatives of activities and also regarding news about the home. Relative's comments included, "I can see a big change since the registered manager took over. Activities happen and some really good carers have started", "The managers work well together. What has changed for me is staff have more direction and seem to be around the lounges more".

There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised as being needed such as diabetes blood monitoring and falls awareness. One staff member said they were "highly supported" by the management team within their new senior role. They told us they had been given extra time and support to learn new skills were given advice when they faced challenges.

We looked at minutes of staff 'resident' and 'relative' meetings held on a regular basis. We found suggestions

and ideas at these meetings had been agreed and implemented in the routines of the home. For example a staff meeting suggested a vegetable patch in the garden. The registered manager said this was likely to be in place within the next few weeks. In addition a 'residents meeting' held in May 2017 went through the fire drill with people. Menu choices and activities were also discussed.

The hard work and achievements of staff was recognised by the provider. The registered manager said they valued staff at the home and recognised their achievements. Staff were put through to the organisations 'Hartford heros award system'. These yearly awards were held internally within the home at staff meetings where the winner announced. The registered manager said the award system made staff feel valued and gave them recognition for the work they carried out. This demonstrated a positive culture in which staff achievements were recognised.

Quality assurance systems were in place to drive improvements within the home. For example, surveys were sent out to obtain feedback from people and relatives about the care they received. The registered manager said surveys were due to be sent out to people and their relatives by head office. Staff were sent a survey to complete and the results from the survey were due to be analysed by the registered manager. They said the necessary action would be taken to address any shortfalls.

The home had a programme of audits and quality checks and these were shared out between senior managers, registered manager, deputy manager and the maintenance person. Regular audits had been completed of the environment, medicines, care records, health and safety and infection control. They had a designated 'infection control person' who carried out regular audits. Regular checks were also made to ensure fire procedures were safe and in line with health and safety guidelines. The registered manager and deputy carried out 'night visit audits' of the home and would turn up at the home unannounced. The registered manager analysed monthly the number of people who had urinary tract infections and the number of people who had fallen.

The registered manager appropriately notified the CQC of incidents and events which occurred within the home which they were legally obliged to inform us about. This showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the home had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.