

# Mrs Shirley Ivy Chartron

# Hartleys Care

## Inspection report

35 King Street  
Swallownest  
Sheffield  
South Yorkshire  
S26 4TX

Tel: 01142876373

Date of inspection visit:  
11 December 2015

Date of publication:  
27 January 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Hartleys Care on 11 December 2015. Hartleys Care was last inspected in April 2014, no concerns were identified at that inspection.

Hartleys Care provides respite care for up to four people with learning disabilities. On the day of the inspection two people were receiving care services from the provider. The home had a registered manager. 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.

During our visit to the service we looked at the care records for four people and looked at records that related to how the service was managed.

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

We observed that people were treated with kindness and respect.

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and

planned improvements and changes were implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

## 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.

There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

### Is the service effective?

Good ●

The service was effective.

People received the support they needed to live as independently as possible.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the

care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

### Is the service responsive?

Good ●

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

# Hartleys Care

## **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.

We carried out this inspection on 11 December 2015 and it was announced at short notice. 48 hours' notice of the inspection was given because of the nature of the service we needed to be sure that the service was occupied and the registered manager would be in. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with two people who used the service and spoke with one member of care staff and the registered manager. We asked people for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for four people and also looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service, including statutory notifications.

# Is the service safe?

## Our findings

People who used the service told us they felt safe when they received care and support provided for them by staff working for the provider. One person told us, "I feel happy and safe here." People told us they felt staff knew them well and were aware of their needs and as a result made their care safe. One person said, "Staff know what I like."

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce those risks. Care plans we reviewed included relevant risk assessments, such as continence, mobility, epilepsy and social skills. These included details of preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

There were adequate numbers of staff on the day of the inspection. We noted an air of calm in the home and staff were not rushed. Through our observations and discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. We saw that people who used the service were comfortable around staff. We noted that there was a very low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for two members of staff and found that comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Although on the day of our inspection there were no medicines on site.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire

plan was on display throughout the home clearly indicating fire exits and escape routes. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored to ensure that the home was kept clean.



# Is the service effective?

## Our findings

We spoke with one person who used the service and they told us, "I am happy, I like to come here." Relatives' feedback showed they thought the service was effective and they were satisfied with the care and support provided. One relative wrote, "(Person) is constantly telling us how much she enjoyed everything and is looking forward to coming again." Another person we spoke with said, "There is nothing to change here, it's perfect."

We observed the breakfast time routine where people were offered a choice of foods. People were relaxed and unhurried. One person needed a degree of assistance to eat their breakfast, however they were encouraged to be as independent as possible whilst staff remained available to offer support or guidance if requested or required. People were asked and decided on which foods to take to their external activity. We saw there was positive communication between people who received the service during the meal.

Information about people's capacity to make specific decisions was recorded in their care plans. Care plans contained information about people's mental state and cognition. Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. The registered manager demonstrated a good understanding of the MCA and DoLS and issues relating to consent. Staff had knowledge of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken a comprehensive induction when they started working at the service and we saw evidence of this. There was on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

One person told us, "The food is very nice here." We saw that there was a menu which was devised based on what people liked to eat. The registered manager told us that people had been using the respite service for a considerable amount of time and as such people's culinary likes and dislikes were well known. However regular discussions were held regarding meals.

The provider had invested in a redesign of the building to include a games room. One person who used the

service told us, "We talked about the changes before they happened. Now it's finished and I like the games room a lot."

## Is the service caring?

### Our findings

People's privacy and dignity were promoted. Bedroom doors were closed when they were in bed and when care was being delivered. Confidentiality was maintained. Records were stored securely and people were not discussed openly. We also saw that people were treated with respect and as individuals. Everyone was spoken to as an individual and their independence was encouraged. For example, where possible, people who used the service conducted the weekly fire alarm test and assisted in the preparation of the meals provided.

We observed staff relationships with people receiving respite care at Hartleys Care were strong, supportive and caring. One member of staff told us, "It's such a wonderful place to work." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "The managers and staff are brilliant."

Where possible people had free movement around the home and could choose where to sit and spend their time. We saw people were able to spend time the way they wanted. One person chose to spend their time in the communal lounge but told us, "I could spend all my time in the bedroom if I wanted to but I like to be with the staff."

People were involved in planning their care. Their preferences were recorded and observations of staff showed that they knew people well. For example, it was documented that one person preferred to have bubbles in their bath. We spoke to this person who confirmed that staff always ensured that bubbles were in their bath.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. The two support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me', 'How to support me.' and 'What people like about me.' It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Staff were expecting two people for respite care over the forthcoming weekend. They took time to ensure the rooms were cleaned and the bedding and curtains changed to colour schemes which were known to be liked by the person who would occupy the room. One staff member said, "Small things can make a real difference to someone's comfort so we do everything we can."

## Is the service responsive?

### Our findings

Before people came to stay at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People, who were able, told us they had been involved in developing and reviewing care plans.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for four people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs.

People were supported to participate in activities if needed and to attend day centres or local clubs on their chosen days. We saw that each person had their own schedule of events and there was a board displayed of suggested activities for people to do when in the home. One person had written down their experience of an activity, "We went on a trip to York and visited a chocolate factory, it was good." Another person enjoyed swimming and proudly showed us their swimmer of the week trophy. Another person who used the service said that they enjoyed helping out around the home. They told us, "Sometimes I help to cook the dinner and [staff member] helps me. I really enjoy it". We saw one person was going to a day centre. The transition from the home onto the transport was seamless and unhurried.

People were encouraged to have their say and give their views. One person told us, "Staff ask us what we would like." We saw that there were regular resident's' meetings where everyone's comments or reactions to subjects were recorded. Actions were developed following meetings on the basis of people's comments. For example, a walking activity in the countryside was organised following a discussion. We also saw that feedback responses were sought following every period of respite. We saw responses from people who used the service and their relatives. Responses were pictorial and requested feedback in the topic areas of; accommodation, food, activities, other guests, staff and safety. All the responses we saw were extremely positive.

There was a complaints policy which was displayed in the home and in the service user guide. There was a policy and procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by Hartleys Care. The service had a system for recording complaints although none had been received.

## Is the service well-led?

### Our findings

People who used the service and staff spoke positively about the registered manager. They told us they found management at the home approachable and felt comfortable raising queries with them. One staff member said, "I feel able to raise issues if I need to." One person who used the service said, "She (registered manager) is lovely, friendly and fun."

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The provider had a clear vision and set of values for the service which focussed on giving people the best opportunity to lead a normal life and enable people to have choice and control over their own lives. It was clear that these values had been embraced by staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred plans, individual activity plans and bedrooms that had been decorated to the individuals taste.

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager and staff in various areas such as care documentation, health and safety, safeguarding, staff files and training.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.