

Buckland Care Limited

# Hartwell Lodge Residential Home

## Inspection report

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Date of inspection visit:  
10 September 2019

Date of publication:  
30 September 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hartwell Lodge Residential Home offers accommodation over two floors for up to 32 people, some of whom are living with dementia or a learning disability. At the time of the inspection the home was providing care and support to 28 people.

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

The provider and the registered manager had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notice carried out by CQC had been implemented. All the requirements of the warning notice had been met.

Quality assurance systems to measure the effectiveness of the service had been improved. The registered manager had a good oversight of the service and monitored the actions needed to improve the safety and quality of the service.

Risk assessments and care plans were up to date and provided guidance to staff about how to support people effectively. Medicine records tallied with the number of tablets counted.

The deployment of staff and improved activities meant people's emotional and social needs were met. The environment was suitable for the people who lived in the home.

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 systems in the service supported this practice.

Notifications about important events were sent to to CQC as required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 June 2019) when there were two breaches of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 13 June 2019.

### Why we inspected

This was a targeted inspection based on the warning notice we served on the provider following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice.

We undertook this targeted inspection to check they now met legal requirements. This report only covers

our findings in relation to the governance of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hartwell Lodge Residential Home

## **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 carried out by two inspectors 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

Hartwell Residential Home 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 the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 13 people who used the service. We spoke with seven members of staff including the area manager, registered manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service were reviewed.

# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

### Staffing

At our last inspection the deployment of staff did not meet people's needs at all times. Action had been taken to make improvements.

- The registered manager had reviewed and changed the staff allocation which meant staff were available to meet people's needs. All staff we spoke with told us there were enough staff to meet people's needs. People echoed this. Our observations found that people were responded to promptly and staff frequently spent time chatting with people.

### Assessing risk, safety monitoring and management

At our last inspection people's risk assessments in relation to falls were not always updated when a person's needs had changed. Action had been taken to make improvements.

- People's risk assessments in relation to falls were reflective of their current needs. Records demonstrated they had been updated when people's needs had changed, for example, when they had fallen. This meant staff had up to date guidance to follow to help reduce the risk of falls for people.

At our last inspection staff did not always follow guidance when people were identified as being at risk of malnutrition. Action had been taken to make improvements.

- Records demonstrated that guidance in people's risk assessments relating to malnutrition was followed. People were weighed according to the guidance on the assessment tool. This meant people were protected from the risk of malnutrition.

### Using medicines safely

At our last inspection we identified discrepancies between the number of tablets recorded on the

Medication Administration Records (MAR) and the number of tablets counted. Action had been taken to make improvements.

- The number of tablets counted tallied with the number of tablets recorded on the MAR. This helped to demonstrate accurate records about people's medicines were maintained and people received their medicine as prescribed.



# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

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

At our last inspection records regarding consent and capacity were not always in place about people's living arrangements. Some records in relation to consent and capacity were contradictory. Action had been taken to make improvements.

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. We checked whether the service was working within the principles of the MCA.

- Records demonstrated that mental capacity assessments had taken place and people had consented to their living arrangements where appropriate. Records showed what decisions people were able to make and no contradictory information was identified. The registered manager and staff demonstrated they understood the requirements of the MCA. Decisions had been made in people's best interests.

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

At our last inspection the provider had not ensured the environment was suitable for people living with dementia. Action had been taken to make improvements.

- Thought was given to individual circumstances and the registered manager had made adaptations to the environment accordingly. Additional signage and some memory boxes had been placed at key points around the service so people were able to orientate themselves. People were positive about the environment and felt it suited their needs.

# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the delivery of care was often task centred and failed to consistently meet people's emotional and social needs. Action had been taken to make improvements.

- Staff demonstrated a person-centred approach when delivering care and support to people. People told us staff often spent time with them. Our observations reflected this. Staff frequently checked people's well-being and responded to people's emotional needs with consideration and care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection people's personal information was accessible to others which compromised their privacy. Action had been taken to make improvements.

- People's personal information was kept securely and in line with The General Data Protection Regulation (GDPR).

# 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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people were not always supported to communicate their preferences for how they were supported and information about people's preferences was not always recorded in care plans. Action had been taken to make improvements.

- People told us they were supported in line with their needs and preferences. Information was recorded in people's care plans appropriately. Staff told us they found the information in people's care plans useful and it helped them to support people in the way they needed and preferred.

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

At our last inspection some people lacked things to do and we received mixed feedback about the activities on offer. Action had been taken to make improvements.

- People were engaged in social activity when they wanted to be. Some activities were planned and we observed people enjoying a group activity which was socially relevant to them. One to one activities also took place between staff and people. These were personalised and meaningful, and staff demonstrated they knew people well during these times. People told us they enjoyed the activities on offer and had enough to do.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, Enough timely action had been taken and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements : Continuous learning and improving care

At our last inspection the provider failed to notify the Care Quality Commission (CQC) of important events that they were required to do so by law. Action had been taken to make improvements.

- Appropriate systems had been implemented to ensure notifications had been sent to CQC as required.

At our last inspection the provider had failed to demonstrate good governance. Action had been taken to make improvements.

- The area manager and registered manager had good oversight of the service. The registered manager completed a weekly report and a monthly audit about the safety and quality of the service. This was sent to the area manager who reviewed the information and followed up any areas that were necessary.
- Effective systems were in place to ensure staff were sufficiently deployed to meet people's needs and this was monitored appropriately.
- Activities, social stimulation and people's well-being were monitored by the improved systems that had been implemented.
- Medicine audits had improved and were undertaken more frequently to ensure there were no discrepancies between medicine records and the number of tablets.
- New systems such as 'resident of the day' and a variety of audits meant all aspects of care were reviewed for each person on a monthly basis or sooner if required. This helped to ensure risk assessments in relation to falls were up to date, staff followed guidance on risk assessments and records in relation to people's preferences and the MCA were in place and correct.
- The provider had organised additional training for staff and this enhanced staff knowledge about the provision of activities, supporting a person with dementia and the MCA. We observed staff putting this into practice during the inspection.
- CQC have published six previous reports following inspections of this service when it was rated requires

improvement or inadequate. This demonstrated a failure to act on feedback on and make required improvements to return the service to a rating of good. Since our last inspection the registered manager had identified actions to be taken to make improvements. Steps had been taken to carry out the actions and improvements were evident in the service.