

Hart Care Essex Ltd

Hart House

Inspection report

91 Hamstel Road
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Essex
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Tel: 01702619611

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hart House is a residential care home providing care to people with mental health conditions. Hart House accommodates 10 people in one adapted building and at the time of inspection there were seven people living there. Two people were on holiday with their families, so on the day of our visit, five people were at the service.

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

Hart House provides a safe and supported place to live for people with complex health needs. People are assisted with learning life skills through rehabilitation and promotion of independence, with the aim of moving into less supported living. One staff told us, "After long periods in hospital, people become deskilled and lack confidence. We help them through gaining their trust and then go forward once they are confident."

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At the time of our visit, people using the service had full mental capacity to make choices, and we saw that people chose to go out when they wanted and attended external activities. One person told us, "When I first got here they [staff] used to help me with a lot of things, but now I do most things myself."

The accommodation was clean and tidy with a homely feel. People had their own bedroom which they personalised to meet their preference. There was a communal lounge and dining area where people relaxed or undertook shared activities. The kitchen was clean and organised. People shopped for groceries and cooked for themselves with help from staff where needed.

People were encouraged to clean and tidy their own room and assisted staff with maintaining the cleanliness of the communal areas. One person told us, "I get up for breakfast and then clean my bedroom." Laundry facilities were available, and people were supported by staff to wash and iron their clothes.

The registered manager said, "We are proud of our relaxed approach, and staff build up relationships with the people." One professional told us, "I can't speak highly enough of them [staff]. They [staff] work with the person. They [staff] do not deskill people, they help people to participate." Another professional said, "I believe it's an excellent service with an excellent manager."

We have made a recommendation about end of life care arrangements and joint working with other health professionals.

Rating at last inspection: Good (report published 31 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hart House

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 team consisted of one inspector and one assistant inspector.

Service and service type

Hart House is a care home. People in care homes receive accommodation and personal care as a 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 provided care and support for up to 10 people with mental health conditions.

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. We visited the service on 21 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included three people's care records, four people's medication records and daily care notes. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one staff member who was responsible for the activity programme and one professional. We additionally received an email from one other professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of safeguarding procedures and how to report an allegation of abuse.
- Safeguarding and Whistleblowing Policies were in place to guide staff, and the registered manager was familiar with the procedure to follow to notify an allegation of abuse.
- A safeguarding poster was on the notice board in the dining area, providing people living at the service with information on reporting an allegation of abuse.
- The mental health team and social workers worked closely with the people who used the service, which provided people with external professionals to talk with if they had any concerns.

Assessing risk, safety monitoring and management

- Checks were in place to ensure the environment was safe, and maintenance certificate and checklist confirmed this.
- Monthly buildings maintenance assessment undertaken by senior personnel found areas for repair, but there were no action plans or records of outcomes. We discussed this with the registered manager who informed us the repairs had been carried out but not documented. The registered manager gave assurance they would be documented in the future.
- Weekly fire alarm checks were carried out with a full evacuation test in May 2019. Personal Emergency Evacuation Plans (PEEP) were in place, which explained the support each person needed in an emergency.
- Risk assessments were in place for those people who smoked cigarettes and how to keep them safe.
- Risk assessments for the individual person were carried out relating to psychological fears and anxieties and self-harm risks. These identified how staff could support the person by de-escalating the situation to keep people safe.

Staffing and recruitment

- Safe staff recruitment processes were followed, and appropriate checks were made which ensured people were suitable to work with vulnerable people.
- Rotas showed that there were sufficient staff on duty to meet the needs of the people who used the service.
- The provider had another local service and, in the event additional staff were required, the registered manager called upon them for assistance.
- The service had their own bank staff to call upon if required.

Using medicines safely

- People with capacity administered their own medicines if they chose to and if it was appropriate.

- To enable people to become more independent with administering their medicines, assistance was given for them to decant into Dosette boxes, and then staff would prompt them to take their medicines at the prescribed time. Dosette boxes were tablet organisers that have separate compartments for each day of the week. The aim was to educate people to administer their own medicines as part of rehabilitation.
- For people who were unable to administer their medicines, staff would administer. Medicine Administration Record showed that medicines were given as prescribed.
- The medicines cupboard was tidy and organised. Monthly audits were conducted. One discrepancy identified was traced back through the monthly audits.
- Staff received training on medicines administration, completed a workbook and were observed in practice.

Preventing and controlling infection

- Staff had training in infection control and personal protective equipment such as gloves and aprons were available.
- People were supported to keep their bedrooms clean. All areas of the home were clean and tidy.
- Food hygiene inspection from the local authority showed that the service met the required standards and was awarded the highest rating 5. The kitchen was clean, tidy and organised.

Learning lessons when things go wrong

- The registered manager audited incidents, accidents and complaints. These were analysed and learning outcomes documented. Staff meetings were held monthly, and any incidents were raised and discussed as lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same add rating Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were person-centred and showed where help was required to achieve the best outcome for the person. Mental Health care plans gave clear instructions for staff on the right approach and actions to take to support the person in different situations.
- People were supported in their care needs and consent given. Signed consent was seen in the care plans for sharing information and to care practices.
- We saw that people were able to make choices about their daily activities with the freedom to go out when they wanted.

Staff support: induction, training, skills and experience

- New staff followed the induction programme and if new to care, completed the Care Certificate standards. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- Staff had recently undertaken a two-day refresher training on mandatory health and social care subjects.
- Staff received additional training in a variety of subjects relevant to the needs of the people who used the service. This training included mental health matters, epilepsy and autism.
- Staff received supervisions and annual appraisals.

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

- People shopped for groceries themselves from their money allowance and were supported to purchase food which was healthy. Assistance was given for those people who wished to order on-line from the internet.
- One person who tried to maintain a certain weight, was assisted with menu planning and portion control. They were encouraged to choose healthy options.
- Each person cooked their own meal in the communal kitchen and were given a time slot to ensure fairness and allow for each person to cook undisturbed. If assistance was required, the staff helped.
- On Sunday everyone cooked and ate together in the communal dining area.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as psychiatrist, community psychiatric nurse and psychologist.
- One professional who had worked with the service for many years told us that communication with the

service was very good. "The registered manager and deputy manager are brilliant, and manage the care very well, even in challenging situations."

- Another professional confirmed this, stating communication was good and they (registered manager) anticipated problems and referred for additional professional assistance appropriately when required.

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

- We were told that there were plans for refurbishment of the building.
- Some bedrooms had been redecorated and were well furnished. People living at the home were able to decorate and personalise their own room to their choice.
- People managed their own money to purchase items of their choice. When one person wished to purchase a new bed, a member of staff accompanied them to one of the large furniture stores for them to choose what they wanted. As well as making a choice about purchases, it enabled the person to gain confidence in travelling by train which was part of the rehabilitation programme.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives. One person had seen health professionals about weight reduction and was being supported by staff to make healthy food choices.
- Another person was being supported to stop smoking. A plan to reduce the number of cigarettes smoked had been agreed with the person with the aim of stopping completely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people using the service had capacity to make decisions about their own life.
- One person had a DoLS applied for in relation to finances. The person was under the Court of Protection for guidance and support with their finances. There was a review arranged with relevant professionals about a recent deterioration in the mental capacity of the person. The professional review was planned to be conducted at the service.
- People consented to the care they received. We spoke with the registered manager about people who made their own decisions, even if they were unwise decisions. One staff member told us, "People make choices, we try to motivate them, we do what we can to advise, give information and encourage."

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 Good. At this inspection this key question has now remained the same and rating Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- One staff member told us, "We support people in the way that meets their needs individually." Another said, "People come to us with any issues. They [people] have a lot of trust and confidence in us. It must say something if people are happy to come to us and disclose things for us to support them through it."
- We observed positive interaction between staff and people who used the service. People were treated with respect.
- One professional told us that staff had empathy and believed in doing things that supported recovery.

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

- People were supported to live their life as they wished. People made decisions on a day to day basis on what they wanted to do. They were able to go out into the community as they wanted. They were encouraged to sign in and out of the building for safety reasons.
- Two people living at the service at the time of inspection were away on holiday with their families. This provided them [people] with an opportunity to spend time with their families.
- During our visit, we observed people going out for shopping purposes and to the park.
- Some of the people who remained at the service were observed watching television in the communal lounge and sitting outside in the garden.

Respecting and promoting people's privacy, dignity and independence

- Each person had their own room. People's privacy was respected, and people got up and went to bed when they chose.

- Staff recognised that people were vulnerable and told us that it took time to build confidence.

Incorporating activities into people's lives was a positive step as they were person-centred and planned with the person.

- The activities co-ordinator told us they worked with people on an individual basis to establish their interest. For example, one person liked history and enjoyed the museum and art galleries, another enjoyed going to the park and playing mini-golf.
- One professional told us that they believed the employment of the activities co-ordinator had been an asset in supporting people.
- Staff supported people with everyday skills which enabled people to gain confidence. We were told that staff had assisted one person to complete an educational application.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same and rating Good.

This meant people's needs were met through good organisation and delivery.

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

Meeting people's communication needs

The Accessible Information Standard (AIS) was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was recognised.
- Care records and support plans were specific to the person's needs and reflected the type and level of support each person needed in day to day living activities.
- People were involved in their plan of care. Where areas of support were identified with lifestyle health choices such as smoking and diet, consent was obtained and guidance put into place.
- There was some inconsistency around one care plan which was discussed with the registered manager. There were recent changes in the person's needs and the care plan had not been updated.
- People were encouraged to undertake activities of their choice and interest. The activities co-ordinator worked with people individually and as a group.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. Learning outcomes from complaints were raised at staff meetings or supervisions. All complaints were reported to the regional manager for their information or action.
- Any concerns about the daily management of the service were raised in staff meetings which were held monthly. Minutes of meetings were available to all staff.
- Residents held their own meetings and they invited staff to attend and minutes were taken. Concerns relating to day to day issues were discussed such as cleaning routines and being respectful to others in relation to noise levels.

End of life care and support

- At the time of inspection, no one was receiving palliative care.
- We were told that anyone who was unwell would be transferred to hospital. The registered manager informed us that they would not usually manage end of life care at the service and staff had not received training in palliative care.
- People's end of life wishes were documented if they wanted to discuss the subject under the heading 'in the event of my death'.

We recommend that the registered manager review their end of life arrangements and consider joint working with other health professionals and staff training in palliative care. In the event a person living at the service was diagnosed with a terminal illness and chose to remain at home, there must be systems in place to meet their needs and wishes.

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 Good. At this inspection this key question has now remained the same and rating Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was knowledgeable about people's care needs. The registered manager and deputy manager led by example and promoted a person-centred culture.
- Focus was on what the person could achieve through support and encouragement. For example, we read in one care plan that the person wanted to go swimming. We saw that the person went swimming as well as to the gym.
- One staff member told us, "The service helps people to move on but when they leave we are at the end of the phone. People are vulnerable and have to take small steps to build up confidence."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal and professional responsibility and spoke openly about the care the service provided.
- There was regular oversight by the regional manager who visited the service every 2 weeks. There was telephone call support in between visits.
- Any change to the service was discussed at staff meetings to ensure staff were aware and where appropriate at resident meetings, for example the refurbishment programme.

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

- The registered manager was experienced and appropriately professionally qualified. They were compassionate about the care being delivered and were proud how the team supported people in their care through promoting independence.
- Staff understood the needs of the people using the service and their role in supporting them in relation to daily living.
- There was a multi-disciplinary approach to care provision. One professional told us that the registered manager would comment on whether the service was suitable to meet the needs of the individual person. They [professional] acknowledged that the manager "had good quality skills and experience."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People were involved in decision making about the day to day activities and were able to express this as a group at resident meetings. This provided choice and promoted communication.
- Activities were based on individual choice. Some people chose to go swimming, to the gym and the cinema. There was a progress on exercise programme for one person which included swimming and walking. The culture of promoting independence was evident from the care plans and from staff we spoke with.
- Surveys from people using the service showed mainly positive responses in relation to care. One survey from a person read, "The staff help me work through some of my needs and problems." Others read "I really like it here and feel staff really listen to my needs" and "A bit more communication with CPN (Community Psychiatric Nurse)."
- Compliment cards from people who had used the service were seen, "Thank you for all the care and support. You have given me a chance to start again" and "Thank you for your continued support, I really appreciate it."

Continuous learning and improving care

- Additional training had recently been given for supported living. Staff told us that they would have liked the training to have been more in-depth. This was documented in the minutes and staff confirmed that the registered manager was going to raise this with the regional manager to gain more training.
- Refurbishment of the building was planned to improve accommodation, which we were told included ensuite facilities. Another building within the company portfolio had recently been refurbished so similar plans were in place to minimise disruption. These plans had been discussed with the people using the service and staff through meetings and documented in the minutes.

Working in partnership with others

- The service worked closely with the community mental health team and social workers. One professional told us, "I'm impressed how they manage people with complex needs."
- The service had links with organisations in the local area. Some people attended REACH which supported people with a living experience of mental health to support and develop skills, and Open Arts which aimed to promote positive mental health and well-being through creative arts.