

Roche Healthcare Limited

Hartshead Manor

Inspection report

817 Halifax Road
Cleckheaton
West Yorkshire
BD19 6LP

Tel: 01274869807
Website: www.rochehealthcare.com

Date of inspection visit:
10 October 2019
15 October 2019

Date of publication:
13 November 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hartshead Manor is a care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 55 people.

There is accommodation and communal areas located on both the ground and first floor. The home provides care and support to people who are assessed as having nursing and personal care needs in Garden View. There is also a unit, Willows, with 20 beds which provides personal care for people living with dementia.

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

People were safe. Risk assessments were detailed and reflective of current care needs. The premises and equipment were safe and clean. Medicines were managed and administered safely. There were enough staff to meet people's needs and the recruitment of new staff was thorough.

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. Staff received induction, training and supervision. there were effective channels of communication for the staff team. People had access to other health care professionals as needed.

Staff were kind, caring and professional. People were treated with dignity and respect. Staff encouraged people to retain their independence. Confidentiality was respected.

Care records were detailed, person centred and regularly reviewed and updated. There were some inconsistencies in the information, this was discussed with the registered manager at the time of the inspection. The home employed an activities co-ordinator who arranged and facilitated a variety of activities for people. There was a system in place to manage complaints in the event people were dissatisfied with the service.

Staff were positive about the improvements at the home and the leadership of the registered manager. The registered manager understood their role and responsibility in ensuring people received high quality care. There were regular meetings with staff, relatives and people who lived at the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 April 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Hartshead Manor

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, an assistant inspector 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

Hartshead Manor 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.

We visited the home on 10 and 15 October 2019. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six visiting relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, registered manager, an agency nurse, senior care workers, care workers and staff from the catering and housekeeping team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke briefly with a visiting healthcare professional.

We reviewed a range of records. This included nine people's care records and random sample of medication records. We looked at four 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 requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection. The management team also sent us details of actions and additional measures they introduced in response to evidence found.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative we spoke with, raised concerns regarding the safety of their family member. However, upon speaking with the registered manager, we were satisfied appropriate action had been taken.
- Staff had received training on how to safeguard people from the risk of abuse.
- Staff understood how to recognise signs of abuse and the ways to report this, including how to escalate to outside agencies.

Assessing risk, safety monitoring and management

At our previous two inspections the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care records included a range of risk assessments. These were person centred, detailed and reflective of people's current care and support needs. Where people required specialist equipment, records included information as to how the equipment was to be applied and used.
- Some people who lived at the home displayed behaviours which could challenge other people and staff. Care records included information about how the persons behaviour presented and the steps staff could take to de-escalate the situation. During the inspection we observed staff de-escalating potential situations of conflict calmly and effectively.
- Equipment and the environment were safe and regular maintenance checks were completed.
- Staff received regular fire training and fire drills were completed.

Staffing and recruitment

- Feedback about staffing has been mixed at our previous two inspections. Comments from people included, "Staff are always around" and "There are lots of staff."
- The registered manager told us since the last inspection, they had increased staffing from three to four on Willows. One of the staff we spoke with said, "We have four staff which works well. [Name of registered manager] has upped them [staff numbers], this has made a big difference." Another member of staff told us improvements to staffing levels meant they now had more time to spend with people.
- The registered manager had also trialled an extra staff member on an evening to support with the tea time

meal and assisting people to bed. They said feedback from staff regarding this had been positive and they had begun to recruit staff for this post.

- Recruitment procedures were safe. A number of pre-employment checks were completed to reduce the risk of employing candidates who may be unsuitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. One person told us, "If I'm in pain, I can have something for it."
- Medicines were only administered by staff who had received training and had been assessed as competent.
- Peoples medicines were stored in a locked unit in individual bedrooms. A stock count was completed at each administration to ensure stocks tallied with the number of recorded administrations.
- Where people were prescribed creams or as required medicines, there was sufficient information provided to ensure this was done safely.

Preventing and controlling infection

- The home was clean and odour free.
- Aprons and gloves were readily available throughout the home.
- Staff received regular training in infection prevention and control.
- The home had completed a self-audit in July 2019 and had scored 97%.

Learning lessons when things go wrong

- There was a system in place to analyse accidents and incidents.
- The registered manager told us they reviewed people's accident and incident reports. Where there was a risk of re-occurrence or there had been an impact on the person, they completed a more in-depth root cause analysis. We reviewed a random sample and saw evidence where potential cause had been identified and action had been taken to reduce future risk.
- Lessons learned were shared at staff meetings and shift handovers.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received regular management supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they were now receiving regular supervision. We saw evidence of this in each of the personnel files we reviewed. One of the staff told us, "Yes I have just had mine, I think they are effective."
- New staff were supported with a programme of induction, training and shadowing a more experienced member of staff.
- Staff told us they received training in a variety of topics. The registered managers training matrix indicated the majority of staffs training was regularly refreshed and was up to date.

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, and some hospitals, 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.

At our previous two inspections the provider had failed to ensure the requirements of the MCA were met. This was a breach of regulation 11(Need for Consent) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We consistently heard staff asking for people's consent before they supported them with any intervention.
- Where people lacked capacity to make decisions, we saw decision specific capacity assessments had been completed, although the quality of detail regarding the assessment process was not always consistent. We also saw evidence of best interest's decision making.
- Some people lacked capacity regarding the decision to live at Hartshead Manor. A number of DoLS applications had been made to the local authority, some had already been authorised and some were still pending review.

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

At our last inspection we recommended the provider consider current guidance on timeframes for repositioning people at high risk of developing pressure ulcers. The provider had made improvements.

- People's needs were assessed prior to their admission to the home.
- Information relating to current good practice was available for staff. For example, the kitchen had recent information regarding classifications of textures for food and drink.
- Our previous inspection had identified the time frame for re-positioning people did not follow current good practice. We discussed this with the registered manager after the inspection. We were satisfied action had been taken to address this matter.

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

- Feedback about the meals at Hartshead Manor were positive. People told us, "The food is good. You can choose, if I don't like any of it, I can have something else", "There is tea and biscuits and supper" and "I get enough to eat and drink."
- We spent time observing the breakfast and lunchtime meals. People were offered a choice of meal and drinks. People were encouraged to maintain their independence but also provided with assistance where this was needed. At lunchtime we heard people making positive comments about their meal. One person said, "Ooh this is beautiful." At lunchtime on Willow, people were offered condiments, but they were not offered on the Garden View. We informed the registered manager of this at the time of the inspection.
- Where people needed a soft or pureed diet, this was provided and was nicely presented on their plates.
- People were weighed regularly although care plans noted people were to be weighed weekly, this was not always strictly adhered to. Concerns regarding people's weights were discussed and reviewed at a weekly meeting.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Communication within the staff was effective.
- Staff told us there was a handover at each change of staff. A daily 'huddle' was also held. This included a representative from each department in the home. Key information was shared and those present then cascaded the information to the members of their team on duty. Following the 'huddle', a short discussion was held with the clinical staff, providing updates and determining action where incidents had occurred, or people's needs had changed.
- We saw evidence in each of the care files we reviewed, of the input of other health care professionals. A visiting health care professional told us the home referred people to them appropriately and their advice was followed.

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

- The home was split into two units. Communal areas were light and homely. Peoples bedrooms were personalised with photographs, pictures and personal mementoes. There was also access to a secure garden. There was directional signage on the corridors. Signs were also on communal toilets and bathrooms.
- The communal area on Willows was open plan, chairs were placed in small groups enabling people to sit either with others or alone.

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 remained the same, 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

- People told us, "The staff are really nice and friendly", "I am treated well, very good" and "They are really nice girls, I'm looked after." Relatives told us their family members looked clean and appropriately dressed when they visited.
- The atmosphere in the home was friendly and relaxed. We observed caring but professional interactions between staff and people. Staff spoke with people in a kind, caring and, where appropriate, a discreet manner. Staff checked people were comfortable and happy.
- It was clear from our observations and from speaking with staff, staff knew people well.
- Through talking to people, staff and the management team, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

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

- People felt their opinions mattered. One person said, "If I have anything to say they listen."
- Staff involved people in making decisions about their care and support. We heard staff asking people where they wanted to spend their time, what they wanted to eat and drink and what activities they wished to participate in.
- The registered manager had taken steps to include people and their families in their care and support. This included 'resident of the day', where each day a specific person's needs were reviewed by each department. Letters had been sent to families with details of this, to enable them to be part of the process if they wished. The registered manager told us one person had told them they wanted to eat goulash. The kitchen had prepared the meal from the person's own recipe and it now featured on the home's menu.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity. We observed staff transfer two people with a hoist. Staff were respectful, and they maintained people's dignity throughout.
- Care records included information about whether people wanted their bedroom doors closed or locked if they were not in their bedroom. A small sign was also placed on or above people's bedroom doors, so staff knew how each person wanted their door to be left.
- Staff were able to give examples of how they encouraged and enabled people to retain their independence. One of the staff told us, "We try to get them to wash themselves, brush their own hair and pick their own clothes."
- Personal information was stored confidentially.

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, 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;

- Information within people's care plans was easy to locate. Care records contained sufficient detail to enable staff to provide individualised care and support for people. For example, one person's care record detailed a clothing accessory the person liked to wear. Another care record noted when the person said a specific word, this may indicate they were hungry.
- We noted some minor inconsistencies in people's care records. We discussed this with the registered manager at the time of the inspection.
- Care records were reviewed and updated at regular intervals.
- Care records were electronic. Staff carried a hand-held device which enabled them to access and people's care records. This also enabled staff to record people's care and support at the time of delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard 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.

- Care records included the support people needed to communicate.
- The weekly schedule of activities was displayed in Willow lounge. The information displayed was in both word and picture format.
- The registered manager told us information could be provided in alternative formats if required.

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 them

- Relatives told us there were a range of activities provided for people including trips and outings. One person told us they were being taken to see a show at a local theatre where they used to work.
- The activities co-ordinator told us they planned activities based on people's likes and dislikes. They spent time on Willows and Garden View. They told us the registered manager was supportive of the work they did.
- Activities were being provided on both days of the inspection. On Willow, some people sat and watched a film. We saw a member of staff sit with one person for a short time, watching the film with them.

Improving care quality in response to complaints or concerns

- People were happy with the quality of the service they received. One person said, "I've no complaints." Another person told us, "Yes I know who to speak to if I'm not happy."

- There was a complaints procedure in place. Blank compliments, concerns and complaints forms were displayed in the reception area.
- Since the last inspection, no formal complaints had been received about the service.

End of life care and support

- Care records included peoples end of life wishes, where they were known.
- Where people had a Do Not Resuscitate (DNR) instruction in place, this information was clearly noted in their electronic records.
- The registered manager told us some staff had recently attended training regarding advance care planning for end of life care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our previous three inspections the provider had failed to ensure systems of governance were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager clearly understood their role and responsibilities. They had drafted a business plan for the home. This identified the strengths and weakness of the home and included details of how they were going to improve the quality of the service, ensuring long term sustainability.
- A number of audits were completed by the registered manager and the senior management team. An action plan was in place to monitor and review the home progress.
- Some of the evidence used as part of this inspection had been gathered prior to the inspection, by the registered manager. The evidence had been placed in files which corresponded to CQC's lines of enquiry. The nominated individual told us this process had been helpful in reviewing the homes progress and identifying weaknesses in regulatory compliance.
- The nominated individual told us an electronic management tool was to be implemented in the coming weeks. This would provide further oversight of the service, identifying key areas of risk and quality at the home.
- It was clear from the findings at this inspection, the quality of the service people received had improved. This is the first time the home has achieved an overall rating of good. Due to the long-standing failure to achieve regulatory compliance and the relatively short time frame since the last inspection, we were unable to evidence these improvements were truly embedded and standards of care delivery were consistently maintained. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance are reflective, transparent and robust.

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

- We asked people if they felt the home was well led. One person told us, "They are always helpful to me, you

can see the manager walking around." Written feedback from a relative dated September 2019 regarding issues with communication within the home, noted "I mentioned this at the last relatives meeting and I am delighted my comments have been acted upon."

- Staff were also positive about the registered manager and their leadership style. Staff told us they felt listened to. One of the staff told us the registered manager had implemented the twilight shift as a result of feedback from staff. Another member of staff said morale amongst staff was good.

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 understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
- Hartshead Manors previous inspection rating was clearly displayed in the reception area.

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

- One person who lived at the home told us, "I go to meetings about things." Relatives also told us there were regular meetings to discuss the home and any proposals for change.
- Staff felt communication had improved at the home. Regular staff meetings were held as well as the daily huddles and shift handovers.
- It was clear from our discussions with the registered manager they were committed to engaging and involving people, relatives and staff in the management of the home.

Working in partnership with others

- The registered manager and the staff team worked with other health care professionals. The health care professional we spoke with was positive about their relationship with the service.