

Abbeyfield Lakeland Extra Care Society Limited







Hartland House

Inspection report

Beetham Road,
Milnthorpe, LA7 7QW
Tel: 01539562251
Website:

Date of inspection visit: 18 November 2014
Date of publication: 16/03/2015

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	

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

Hartland House provides accommodation and personal care for up to 32 older people, some of whom may suffer from dementia. It is owned and operated by the Abbeyfield Lakeland Extra Care Society Limited, an affiliate of the national Abbeyfield charity, through a volunteer board of trustees.

Hartland House is a modern detached two storey building on the outskirts of Milnethorpe. The home has a range of adaptations including a passenger lift to assist people to access the accommodation on the first floor.

There was a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

At the last inspection visit in December 2013 we found that this service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

We spoke to people in their own rooms and those who were sitting in the communal areas. People told us they were happy with the care and support they received. Comments included, “I love it here and I decided myself to make it my home”.

People told us they felt safe living in Hartland House. We found staff were aware of their roles and responsibilities to keep people safe at all times. There were procedures to follow if staff had any concerns about the safety of people they supported.

The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people’s physical and emotional needs.

We saw that staffing levels were good throughout all areas of the service. Staff training was up to date. All staff were supported by the management team through regular staff supervision and appraisals. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed to care for and support those using this service.

The provider had an effective system in place to monitor the care and support given to those who lived in Hartland house.

Focussed inspection 18 November 2014

During our visit we spoke to people who lived in Hartland House and they told us they always felt safe living in the home and there was always staff on hand to help them. They said, “I have always found there to be enough staff in the day and three on duty through the night is enough assistance if we want it”.

We asked people if they received their medicines at the time they should. They replied, “I have never had to wait for medicines or any cream. I know some people need their morning tablets early and I see the senior taking their tablets round before breakfast”. We spoke to the registered manager about the administration of medicines, including prescribed creams and were told it was extremely rare for medicines to be late arriving.

We asked the registered manager and the care managers about the concerns raised about ‘favouritism’ on the part of the registered manager. We also asked the staff who were on duty during our time in the home. The registered manager confirmed this accusation had never been made before and the support staff we spoke told us they had never seen any actions that would lead them to believe there were any favourites among the staff or people who lived in the home.

Our findings following this focussed inspection evidenced that the anonymous concerns were unfounded

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

12 August 2014

The service is safe. People told us they felt safe living in Hartland House. Staff were aware of their roles and responsibilities to keep people safe and protect them from abuse. All staff had completed adult protection training.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Procedures for staff recruitment were robust which meant only suitable people were employed to care and support those that lived in Hartland House.

We saw that people had been fully assessed before they were admitted to Hartland House. We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner.

18 November 2014

The service was safe. there was sufficient staff on duty to meet the needs of the people living in Hartland House.

People told us they felt safe and could speak to the registered manager at any time knowing they would listen to them.

People received their medication at the correct time and in accordance with their prescription.

Good



Is the service effective?

The service is effective. We observed interactions of the staff team with the people who lived at the home and their families was personalised. This approach helped staff to find out what mattered to a person so they could take account of their choices and preferences.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. We saw that people's needs were monitored and advice had been sought from other health professionals where appropriate.

Good



Is the service caring?

The service is caring. All the people we spoke to expressed satisfaction with the service and felt they were well cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw evidence that people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Each person had a detailed care plan, which was underpinned by a series of risk assessments and daily records. We saw evidence to demonstrate care plans had been reviewed on a regular basis. This ensured staff had up to date information about people's care needs and wishes

Good



Summary of findings

Is the service responsive?

The service is responsive. People's needs were assessed prior to their admission to the home. Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way. This demonstrated the service had an open and co-ordinated approach in ensuring people received the support they needed.

People were supported to maintain relationships with friends and relatives. Family members spoken with confirmed they could visit whenever they wished and staff made them welcome in the home. We observed people participating in a range of activities during the day.

Good



Is the service well-led?

12 August 2014

The service is well-led. The manager had developed good working relationships with the staff team and external agencies so people received personalised care and support which met their needs.

The registered manager had a high profile within the home and was able to describe their priorities for maintaining and improving the level of service in the year ahead. This meant there was clear leadership at the home and the manager was aware of their responsibilities.

There was an appropriate internal quality audit system in place to monitor the level of care provided.

18 November 2014.

The service is well-led. People told us the registered manager was approachable and always available to speak to them.

Staff told us they felt well supported by the registered manager and other members of the management team.

Good



Hartland House

Detailed findings

Background to this inspection

We carried out this inspection on 12 August 2014 and the inspection team consisted of the lead inspector for the service and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used care services for older people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received information from the provider which enabled us to focus on the areas of the inspection we wished to look at in detail. The last inspection was carried out in December 2013. There were no concerns identified and we found the service was meeting all standards looked at.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

During our visit, we spent time observing care on an informal basis to help us understand the experiences of

people who were not able to communicate with us because of their complex needs. We looked at all areas of the building. We also spent time looking at records, which included people's care records, staff training and supervision records and records relating to the management of the service.

We spoke to six members of staff and seven people who lived in the home. We also spoke to three visitors who came into the home on the day of our inspection.

We contacted members of the adult social care team prior to our visit and were able to speak to a social worker whilst we were in Hartland House.

Findings of our focussed inspection of 18 November 2014.

Following our inspection of the 12 August 2014 we received an anonymous letter raising concerns regarding low staff numbers, administration of medicines and the management of the home. We carried out an out of hours unannounced inspection on the 18 November 2014 to address the issues raised. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led. The inspection team included the lead inspector for the service and the inspection manager.

During our visit we spoke to one person who lived in Hartland House, one senior support worker, two support staff, the registered manager and both of the care managers. We looked at staffing rosters and discussed the administration of medicines and the concern about the registered manager having favourites in the staff team and among the people who lived in Hartland House..

Is the service safe?

Our findings

During our inspection visit we spoke to six people living in Hartland House and asked about their safety in the home. They all told us they had no concerns about their safety or the safety of other people who lived in the home. We were told, “I feel safe, I really do and I’m very satisfied here” and “All of the windows only open so far, and people can’t just wander in. I like to hear people going along the passage at night and the carers call in to see if I’m alright.” One person said, “I can’t see but the girls are very good and I have never felt unsafe or worried”. Visitors we spoke to had no concerns at all about their relative’s safety. They told us, “Absolutely safe” and “Absolutely gorgeous and quiet.”

Hartland House had policies and procedures in place with regards to safeguarding vulnerable people. Staff were confident about their responsibility to keep people safe and one of them told us, “I would not hesitate to speak to either the care managers or registered manager if I saw anything I was not happy about. I know the matter would be dealt with immediately”.

The staff we spoke to said that they had completed safeguarding training and the training records we looked at confirmed all staff had completed the course. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the manager or the senior staff this would be dealt with immediately.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The registered manager was aware of their responsibility to inform the Care Quality Commission of any application for a DoLS. The registered manager had, in the past, convened a best interest meeting with the involvement of an Independent Mental Capacity Advocate (IMCA) when this was necessary for the best interest of one of the people who lived in the home.

During our inspection we spent time in all the areas of the building including people’s rooms, with their permission.

We saw that people were relaxed in the company of the staff and other people who lived there. We saw people sitting in groups doing activities and we spoke to people in the communal areas and in the privacy of their own rooms. We saw meaningful and relaxed interactions between the staff and people and there was a stress-free atmosphere throughout the home.

Pre-admission assessments were completed prior to an offer of accommodation. This ensured the service was able to meet the needs of people in the most appropriate way. The care and support plans we looked at evidenced people and their relatives, if applicable, had been involved in the assessment process. Wherever possible people’s personal and social history was recorded. Staff told us this gave insight to what people liked and did before they moved in to Hartland House.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to the needs, then they were reviewed and updated immediately.

During our visit we looked at the number of staff on duty and checked the staff rosters. We saw there were sufficient staff on each shift with a range of skills and experience. This included three staff on waking night duty. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there. When asked if there were enough staff, a relative told us; “Yes they come immediately.” When we asked people if there were enough staff one replied “During the day, but I have a query about the nights with only two on. If one is at the other end she has a long way to help her colleague.” Another said, “Sometimes there seems not quite enough, but in an emergency you’d be surprised at how many turn up.” Staff we spoke to all said there was sufficient staff on each shift to support people appropriately.

We found that the recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on

Is the service safe?

individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service. The manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

Findings from our focussed inspection on 18 November 2014

At this out of hours inspection we looked at the number of staff on night duty and checked the staff roster for the day shifts. We found there were three waking night staff on duty that provided care and support through the night. When we checked the off duty roster we saw that there was six support workers, one general assistant, one care manager and the registered manager rostered to work throughout the waking day. There were also domestic and catering staff, an administration officer and an activities coordinator also rostered to work during the day. We judged that there were sufficient staff on duty to meet all the assessed needs.

We spoke to one person who always rose early to take their shower and asked if there was enough staff on duty and they said, "There is always enough staff on duty to help us. If someone calls in sick they do their best to get someone else in. If they can't one of the care managers will take over the duties".

We asked the senior carer who had responsibility for the administration of medicines if they were giving all the medicines early and they explained the process for morning medicines. The medicines that were administered during our early morning visit were those that had to be taken before breakfast or at a specified time. All other medicines were to be given during the breakfast time. We asked the registered manager about medicines, specifically creams, not being available for people and we were assured that this was a very rare occurrence. We asked people if they ever had to wait for creams to be delivered and they said they always had their creams applied on time.

We could not find any evidence to substantiate this complaint.

Is the service effective?

Our findings

We found throughout, our visit, people were given choices about how they wanted to spend their time during the day. People told us they were always asked where they wanted to sit or if they preferred to stay in their own room. One person told us, "I picked this room when I came here for a holiday and luckily it was available when I was ready to move in".

We asked people if they thought the staff were good at their jobs and were told, "Yes, it takes the new ones a bit to get into the swing but they soon settle in". Another response was "Yes, they certainly do."

We asked staff if they felt well supported by the management team and they said that they did. They told us their training was up to date and the management organized training in all the subjects relevant to their role within the home. Staff supervision was on-going and all staff received an annual appraisal. This was evidenced by the records we looked at during our visit. This meant that people received effective care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities within the service.

Staff development in a recognised health and social care qualification up to levels two and three was in place and all staff were fully trained appropriately to the role they held.

We reviewed the care records of six people and found information from a variety of sources including family members and health and social care professionals. Each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members.

Since our last inspection the care managers had made some adjustments to the support plan documentation. The changes enabled staff to see at a glance exactly what the assessed needs were and how these were to be met. Any changes, such as following a doctor's visit or hospital appointment were recorded following the visit in order that staff were aware of any changes to the level of care provided. We spoke to people about their support plans and they told us they liked the 'new front sheet' as it was clear and easily understood.

Health care needs were met through a close working relationship with visiting health care professionals. Local GPs hold a surgery at the home each week and district nurses visit to undertake clinical tasks such as diabetic care. People told us they saw their doctor when they wanted and that, "the staff arrange it for me". People had access to dental care, regular chiropody and optical care.

All the care plans we looked at contained a nutritional assessment and a weekly or monthly check on people's weight was recorded. We noted that people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. If people found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT). This information was recorded on the care plans.

We spoke to the catering staff and they told us he spoke to the residents and asked them what they enjoyed. They told us the home catered for special diets and they were mindful of the various food allergies people may suffer from. He told us he used three local suppliers which were convenient for deliveries.

We asked people what they thought about the meals and were told, "The food is good, there's a choice for every meal", "The food is lovely, I eat puddings as long as there is custard" and "Plenty, the food is very good, you get a choice. If I didn't like the dinner they would give me an alternative."

We observed lunch being served and found it to be an unrushed and pleasurable experience for people. Each meal was individually served by the chef and taken to the tables by the staff so that people received the choice of meal they had requested.

End of life training had been completed by the two care managers and they had cascaded this down to the rest of the staff team. We saw that individual preferred priorities of care had been recorded in the care plans and advanced decisions were in line with legislation. Appropriate documentation was in place and multi-disciplinary meetings had been held with the people and their families, if this was appropriate. The processes in place meant that people's individual wishes about their future welfare were discussed and their best interests supported at all times.

Is the service caring?

Our findings

We spoke to relatives about the care and the attitude of the staff. They said, "I think they care very well. They are all really very nice." One family member said, "This home and staff provide wonderful care. They have been my lifeline. The manager is a gem and is always available to discuss my relative's care with me".

We looked in detail at six people's care records and other associated documentation. We saw evidence people who lived at the home, and/or their family members had been involved with and were at the centre of developing the person's care plans. This demonstrated that people were encouraged to express their views about how their care was delivered.

People told us they could talk to any of the staff and felt they were being listened to. We saw that staff knew the people they supported very well and they were always pleased to learn about people before they moved into the home. They said, "It gives us a good idea what people like and what they did when they lived at home".

We asked the staff how they built up relationships with people and they said, "Listening and getting to know them and their family, I am a key worker, "In the afternoon I talk to the people and families I am key worker for." Staff turnover was very low and we were told, "It's been more or less the same staff for 15 months". This provided continuity of care and gave the staff time to build up meaningful relationships with people.

The service had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. We saw evidence to show staff had completed training in this subject. Staff we spoke to told us they were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in.

All the people we spoke to told us their privacy and dignity was respected. They said, "They always knock before coming into the bedroom" and "They always knock and are very good at respecting my dignity when helping with a bath or shower."

Is the service responsive?

Our findings

Prior to moving in to Hartland House people were given information about the home and the facilities available. The service had a detailed Statement of Purpose a copy of which was available for people and their families.

Family members told us they had opportunities to be involved in the development and review of care plans if they wished. People were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people who lived at the home and their family members. This ensured arrangements were in place to speak to people about what was important to them.

Relatives told us they felt the communication with the home was excellent and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "I don't have to worry. They let me know if there are any changes or anything happens." Another family member told us they felt staff had responded quickly to their relative's changing needs and reassessed them regularly to ensure they were supporting them appropriately.

We saw care plans were up to date and provided staff with sufficient information about peoples' assessed needs. They were reviewed each month by one of the qualified staff and any changes noted were discussed at the handover meeting at the change of each shift. This ensured all the staff were aware of the changes and provided the appropriate level of care. We were present during one of the handover meetings and saw that staff coming on shift were given in depth information about each person living in the home. Details about doctor's visits and any changes to the assessed care needs were also discussed in detail.

We saw, from looking at the care plans, the service responded to people's changing needs by accessing advice from external agencies. These included the tissue viability nurse, the mental health team, adult social care and mental health consultants.

People were encouraged to take part in the weekly activities programme and we spoke to the activities co-ordinator during our visit. She told us, "We make birthday, Christmas and Easter cards. We also make witches hats for Halloween and made knitted hats for eggs at Easter. As well as the crafts people enjoy the chair exercises and classical music". We observed a group of ladies and one visitor playing scrabble and they were enjoying the experience.

People told us they attended meetings held for people who lived in the home and said, "I've been to a few meetings, yes, quite a few", and "I feel that a lot of people don't say what they think, but I do and things get resolved."

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display for people to read. This information is also in the guide people were given when they moved in to the home. We asked the registered manager and staff if there had been any complaints to deal with since our last inspection. They all told us there had been none and the complaints log evidenced this. The registered manager said the management team always learned from any complaints raised and put protocols in place to ensure every concern however small was dealt with in the most appropriate manner.

We asked people what they would do if they had a complaint or concern. They said, "I would try the nurses, I would think that's a nice lady, I'll ask her." None of the people we spoke to said they would be afraid to speak to any of the staff if they had concerns about anything. One person told us, "The registered manager is always around in the home and I would speak to her if I was worried about anything. I haven't had the need up to now it is so lovely here".

We asked two members of staff if they knew how to support someone to make a complaint. They replied; "I've never been asked to but I've done it at college so I would be able to help" and "Yes, I know the policy and procedure."

Is the service well-led?

Our findings

The registered manager had been in post since September 2013 having worked at Hartland House for some time. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Observations of how the manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well managed, with clear lines of responsibility and accountability.

The two care managers had responsibility for the care of people who lived in the home. The registered manager had overall responsibility for the service. The service had policies and procedures in place with regards to core values, privacy and dignity, a person centred approach, quality of life and the aims and objectives of the service. All policies and procedures were reviewed annually and updated in line with current legislation. Staff were expected to become familiar with any updates to the policy file.

The registered manager was aware of her responsibility to ensure all staff upheld the values of the service. She had, in the past, needed to follow the disciplinary procedure when staff fell short of what was expected of them.

All staff members confirmed they were supported by their manager. They said, “The management is very good. I could approach the manager and be listened to” and “I can go to the care managers or the home manager with a problem. They have listened to me in the past.”

One staff member told us, “I feel very much supported, I get great support from the managers and seniors.” Another carer said about the staff team, “Most of the staff get on with each other. Everybody pulls together, there’s a good atmosphere.” “We go that extra mile for our residents.”

We asked people if they thought the home was well-run and they said it ‘certainly is’. We were told, “I couldn’t find fault with the managers or the staff. They are all bright and bubbly”.

During our visit we were able to speak to a social worker who had been involved with six of the people in the home over a period of six months. They told us, “This home is

smashing and so well-led. The manager spends time with families and I trust her judgment. The lines of communication are always open. This is a good service for people who have limited mental capacity. Best interest meeting are always held with the involvement of an Independent Mental Capacity Advocate (IMCA).”

Hartland House was a registered charity and the registered manager worked closely with the management committee to ensure the service had the resources in place to provide a high standard of care and support.

There was a whistle blowing policy in place and staff told us they would not hesitate to report any aspect of the care and support they thought was unacceptable. The manager was aware of her responsibility to report any safeguarding issues to the local safeguarding team and the Care Quality Commission.

When asked about staff meetings, they replied, “Yes we have them monthly but if we have concerns in-between we go and see the manager.” Another carer told us “We have supervision every two months or on request.”

Staff meetings were held at all levels and included separate ones for the management team, domestic and catering staff. The manager told us it was an opportunity for staff to voice their suggestions that may improve the care provided.

A series of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction questionnaires and care reviews. There was a supply of blank questionnaires in the reception area for people to complete. We saw some of the ones most recently completed all of which contained positive feed-back. Comments included, “Neither I nor mother can

Is the service well-led?

think of anything that would improve the care. Thank you all so much”, “This is by far the best place I have ever visited, it is a pleasure to visit” and “The residents are all cared for excellently and they are all happy”.

Findings from our focussed inspection on 18 November 2014

During this out of hours inspection the registered manager was contacted and came in early to meet with us to discuss the anonymous complaint. We spoke to the registered manager and the two care managers and asked about favouritism among the staff team and the management team. The registered manager was very surprised at the comments made in the complaint and confirmed no such concern had been raised before. They told us they always treated all the staff in a fair but firm manner because the people who lived in the home were the most important.

During our visit we spoke with the senior carer on night duty, a member of the day staff and one of the people who

lived in the home. They all confirmed they were unaware of any acts of favouritism among the staff or people who lived in the home. They also told us they had not heard and rumours that were detrimental to the behaviour of the manager. They told us they appreciated the support of the registered manager and the two care managers who were always available to cover for staff illness or holidays.

As this was a very early morning visit we were only able to speak to one person who lived in Hartland House and asked about the registered manager. They said, “I have never found the manager treated people differently at all. We are all treated the same way and given the best care and attention anyone could have”. They had nothing but praise for the two care managers, one of whom had been up most of the night at the hospital with one of the people who had been taken ill.

We could not find any evidence to substantiate this complaint.