

Hart Care Limited

# Hart Care Nursing & Residential Home

## Inspection report

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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

This comprehensive inspection of Hart Care Nursing Home took place on 10 and 14 December 2018. The inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

Hart Care Nursing and Residential home is registered to provide nursing and personal care for up to 54 people. Most people using the service have multiple health care needs. There were 40 people living at the home on the first day of our inspection; 20 people had nursing care needs supported by the registered nurses at Hart Care Nursing Home and 20 had their nursing needs met by the local community nurses. Two people were staying at the service for a period of respite (planned or emergency temporary care provided to people who require short term support). There were four further admissions by the second day of our inspection.

Hart Care Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The home is a large detached home set within Dartmoor National Park located outside the large village of Yelverton on the south-western edge of Dartmoor. People have access to a well-maintained garden.

At our last inspection we rated the service Good. At this inspection we found the service remained Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Since the last inspection in July 2016 the provider had appointed a new registered manager at the service. They registered with the Care Quality Commission (CQC) in July 2017. The registered manager had worked with the local authority quality assurance team (QAiT). They had put in place processes and developed a service improvement plan (SIP) which set out the actions required, by whom and the time scales. The registered manager and staff had prioritised the actions in the SIP and had made great progress working through these. This was an evolving effective tool which the registered manager regularly reviewed and added further actions to, when identified.

The service was well led by the registered manager. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were effective systems in place to monitor the quality of care provided. The registered manager made continuous changes and improvements in response to their findings.

People remained safe at the service. People said they felt safe and cared for in the home. People were

protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met.

There were sufficient and suitable staff to keep people safe and meet their needs. Thorough recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The registered manager was working with staff to ensure they had completed all the provider's mandatory training and update training.

People had a varied and nutritious diet. There was a designated activity staff member to support people to engage in activities they were interested in, on an individual and group basis.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

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

People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it. People received their medicines on time and in a safe way.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hart Care Nursing & Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out on 10 and 14 December 2018. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector, two experts by experience and a specialist advisor who was a registered nurse. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector and an assistant inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met people who lived at the home throughout our visits and spoke with 16 people to gain their views about the service. We also spoke with five relatives to ask for their views. We spent time in communal areas observing the staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We met fifteen staff which included the registered manager, deputy manager, registered nurses, senior care staff, care staff, housekeeping staff, the cook, the maintenance person and the office manager. At the inspection we spoke with the fire officer who confirmed the provider had taken required actions and met fire safety regulations.

We looked at six people's care records on the provider's computer system and five people's medicine records. We looked at quality monitoring information such as health and safety checks, training records, audits including medication audits, staff meetings and records of the providers monthly visits. We also looked at four staff records, which included training, supervision and appraisals and staff rotas. We sought feedback from and health and social care professionals who regularly visited the home and received a response from two of them. We also sought feedback from the local authority Quality Assurance Improvement Team (QAIT) to obtain their views as they had been working with the provider to implement new processes.

# Is the service safe?

## Our findings

The service remained safe. People and relatives said they felt safe and supported by staff. Comments included, "I feel safe here" and "I feel completely safe and secure here... with no fear." A relative said, "I feel Mum is safe in here."

Our observations, together with discussions with staff, showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and met people's individual needs. People gave us mixed views about whether they felt there were adequate staffing levels. One person commented, "There seems to be enough staff." When another said, "They could do with more staff...always dashing about...but on the whole, are very good, very pleasant." Another said, "They're always short of staff...you have to wait for ages when you ring bell."

The registered manager recorded in the provider information return (PIR) "Staffing levels and skill mix: constantly monitored to ensure welfare and well-being of residents." The registered manager did not use a dependency tool to assess staff levels against people's needs. They had a baseline staffing level and adjusted this depending on the level of people's needs and what was happening in the home. For example, staffing levels had been increased in response to the admission of a person who required three staff members to assist them with personal care.

The registered manager completed a daily call bell audit. In September 2018 they had identified some call bells were taking too long to be responded to. They had taken action by designating senior care staff to monitor call bell responses when on duty. They had also spoken with staff at staff meetings and the call bell response times had improved. A relative said, "(Relative) uses her pendant daily for someone to take her to lunch. They are pretty prompt. She hasn't had any problems".

There were effective recruitment and selection processes in place to ensure staffing levels were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were completed, which included references from previous employers. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated appropriate checks were undertaken before staff began work.

People were happy with how their medicines were managed. One person said, "I have medication three times a day...they're always on time." A relative said, "My wife receives her medication in a timely fashion... no issues." Registered nurses and care staff who administered medicines had received medicine training and had their competency skills assessed. This was to make sure they had the required skills and knowledge required.

Staff involved in medicines administration wore a red tabard stating, 'do not disturb'. We observed medicines being administered safely. There was an effective system in place to ensure ordering and management of people's medicines. People's medicines were checked in when they arrived at the service

from the pharmacy and the amount of stock documented to ensure accuracy.

The medicine fridge temperature and medicine cupboards were being recorded. Staff had guidance regarding the required temperature and what action they should take if it was outside of the required range. Medicine audits were completed monthly and action taken if concerns were found. There is a regular quality assurance audit completed by the local pharmacy. The last one completed in August 2018 identified no concerns.

Staff demonstrated a good understanding of what might constitute abuse or neglect and their role in reporting any concerns. They felt confident they could approach the management of the home with any concerns, and that they would be acted on. The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They had completed a level three qualification in Safeguarding. The registered manager had contacted the local authority safeguarding team promptly when they had concerns and put in place measures to protect people and keep them safe.

Accidents and incidents were reported and appropriate action taken. The registered manager analysed accidents and incident records several times a week to look for trends and patterns.

Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments regarding people's personal safety included the use of bed rails and risk of burns and scalds, falls, general risk, movement, poor nutrition and skin integrity. People identified as at an increased risk of poor nutrition were regularly weighed and referred to their GP for guidance. Where people had poor skin condition specialist cushions and mattresses were put in place.

The provider had closed circuit television (CCTV) in use at the home which had recently been added to. The registered manager told us in the provider information return (PIR) "Work continues. CCTV coverage being upgraded and extended for safety, welfare, wellbeing of all." People had been asked for their consent where required.

External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. There was a new maintenance person working at the home. They were working with the registered manager to improve further the environmental monitoring checks at the home.

During our inspection the fire officer told us that the home had taken action regarding some concerns previously found and was compliant with the fire regulations. Fire checks and drills were carried out weekly in accordance with fire regulations. One person said, "The alarms are tested regularly; once a week they go off." Individual personal evacuation plans were in place for people. This provided information about each person's mobility and communication needs and the support they would require in case of an emergency evacuation of the service.

People were happy with the cleanliness of the home. The laundry room was well organised and had a system in place to ensure soiled items were kept separate from clean laundered items. One person said, "This is by far the most disciplined of places... they don't lose your washing here." Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. We identified no concerning odours during our inspection.



# Is the service effective?

## Our findings

The service remained effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. A relative commented, "Staff seem well trained to look after our loved ones." The registered manager identified some staff had not undertaken all the provider's mandatory training and refresher training. Where they had identified gaps, training had been arranged for staff to attend. On the second day of our inspection staff were attending a training session for food safety.

Staff received supervision on a regular basis and an annual appraisal. Staff said they felt supported by the registered manager and senior staff. New staff had undergone a thorough in-house induction which included shadowing experienced staff members. This gave them the skills to carry out their roles and responsibilities effectively. Staff new to care were undertaking the Care Certificate which had been introduced in April 2015 as national training in best practice.

The registered manager undertook relevant professional registration checks. They had ensured all the nurses working at the service were registered with the Nursing and Midwifery Council (NMC) and were registered to practice. Help and support was given to registered nurses who needed to undergo a process known as revalidation to maintain their professional registration.

People who lacked mental capacity to take decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Where people lacked capacity, mental capacity assessments had been carried out and relatives and professionals consulted about best interest decisions. For example, for one person's best interest they had their medicines 'covertly' (when medicines are administered in a disguised format).

People were supported to eat and drink enough and maintain a balanced diet. The service had a four-week rotating menu. People had the choice of two main meals. They gave us a mixed view about the food at the home but on the whole were happy with the food. Positive comments included, "Food is great... no complaints there." Another said, "Food is good, we're given a menu every day. So, for breakfast, porridge, fry-up or cornflakes or Weetabix. I had a fry-up this morning, couple of eggs, lovely". Other comments included, "On the whole it's not very good" and "The portion sizes could be bigger." A relative said, "She enjoys the food; there is a good choice every day and she has plenty of snacks and access to drinks." We discussed this with the registered manager on the first day of our inspection. On the second day they told us they had met with the cook and discussed portion sizes.

People were supported to maintain their health and wellbeing by accessing external health and social care professionals. Care records demonstrated when health professionals had been involved and recorded GP visits and treatment interventions. People had been referred promptly to health professionals when

required; this included the GP, dietician, advocate service, district nurse team and the speech and language team (SALT). One person said, "They call the doctor if I require." People had regular visits from the opticians and chiropodists.

People identified as being at risk of unexpected weight loss were being regularly weighed and closely monitored. The staff demonstrated a good knowledge about the actions they needed to take when they identified a person at risk, which included contacting the GP and by monitoring diet and fluid intake.

People were able to access the large gardens. The garden provided people with a quiet place to sit to enjoy the fresh air. The home is very large and has modern areas and older areas with numerous staircases. Some areas were a little tired but were scheduled for redecoration as part of the provider's ongoing redecoration of the service. There was very little signage advising people and visitors to key areas of the home. The deputy manager had identified this as part of their management training course and was in the process of implementing signage around the home.

## Is the service caring?

### Our findings

The service continued to be caring. People were happy with the care they received. Comments included, "They listen ...there's always someone around" and "Yes, caring", "I think they listen on the whole. I don't think I would be better off anywhere else.", "It's nice, I like it" and "They're very friendly... no problem at all." A relative said "They're very good with Mum. They always have a laugh and a joke with her."

On the first day of our inspection there was little staff banter and staff appeared task orientated with little atmosphere. We discussed this with the registered manager who advised us that staff had found four representatives of CQC in the home overwhelming. On the second day of our visit there was a completely different feel to the home a lot of staff interaction and laughter.

Staff treated people with dignity and respect when helping them with daily living tasks. The registered manager recorded in the provider information return (PIR) "Dignity is a most important standard, moral human right. Staff obliged to acquaint themselves and understand policy and procedure documents on the Human Rights Act and follow them strictly." We found staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy. One person's comment represented all we spoke with, "They don't just waltz into the room; they always knock and ask to come in." A relative said, "They always close the door and draw the curtains when attending to Mum."

Staff had shown acts of kindness and compassion. One person was supported to attend the funeral of a loved one; they had been upset because they felt they wouldn't be able to. However, staff made arrangements for transport and a staff member went with the person to the funeral to support them. A staff member told us about how they helped the partner of another person living in the home with a problem and how this reduced anxiety and concern for the person. Two staff members were planning a surprise Christmas present of slippers for a person who had no family.

Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. People could choose the times they went to bed or got up. A lot of people chose to stay in their rooms. The registered manager said they were trying to encourage people to the communal areas but with little success. People confirmed they were given a choice. One person said "They are incredibly patient. They seem to proactively check if I am OK."

People were encouraged to maintain their independence where possible, including taking positive risks. Some people enjoyed walking on the moors on their own, and they were supported to do this with measures put in place to keep them as safe as possible.

Visitors were welcomed and there were no time restrictions on visits. People said their relatives were always made welcome when they visited the home. One commented, "My friends are made to feel welcome." A relative said, "They look after us well." Relatives could book a lunch for a small charge and eat with their relative. One relative said, "Mum is good here, she's well looked after. You can ring up in advance and say

you'd like lunch ... but today I hadn't booked one but they offered me one anyway." People's pets (dogs) were also welcome in the home.

## Is the service responsive?

### Our findings

The service remained responsive. People received personalised care and support specific to their needs and preferences. People's care and support was planned and delivered in a way the person wished. Before people came to live at Hart Care, the registered manager or deputy manager visited them and undertook an assessment of their care and support needs. The pre-assessment they completed was very comprehensive and enabled staff to complete people's care records on the provider's electronic care system promptly and accurately. People and their families were included in the admission process and were asked their views and how they wanted to be supported. This ensured the service could meet the person's individual needs fully. Care plans addressed people's fundamental needs and work was being undertaken to make them more personalised.

Staff were able to easily access the computerised care plans, risk assessments and any updated information immediately on computers located around the home. Staff said they found the care plans helpful and were able to refer to them when required. Staff recorded all interactions with people and the support provided as quickly as possible after they took place. This included people's dietary and fluid intake, if they were assessed as being at risk. The registered manager and senior staff could access this system at any time during the day and assess what was happening with people. People's care plans and risk assessments were reviewed regularly and if people had a change in their needs.

Staff used the care plan and handover information to alert them to people's changing needs. A handover sheet was updated daily by the nurses and included information about people's diagnosis and needs. This was given to agency nurses who also had full access to people's care records. Agency staff confirmed they had received a handover when starting their shift. This meant agency staff had the information they required to support people safely.

There was two people receiving 'end of life' care at the time of our visit. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Where people had been thought to be nearing the end of their life, staff had consulted with people's families and their GP to ensure they were kept informed. Medicines had been prescribed should the person require them for pain management. Care plans had been updated to reflect the people's changing needs and an intensive care plan put into place as general health had declined.

Staff said how as a team they liked to attend the funerals of the people they had cared for to show their respect. One relative had recorded on a care homes review website "The staff at Hart Care did a wonderful job of getting to know my mum and caring for all of her needs. I felt confident that my mum was safe and in good hands. At times some of the staff have gone above and beyond expectations and communication between the home and myself has been excellent."

We looked at how the provider complied with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are

given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. The registered manager recorded in the provider information return (PIR) "We have met the AIS by communicating, gathering information about the person, documenting this on a very detailed care plan so all staff are aware of the care needs."

People knew how to share their experiences and raise a concern or complaint. People and relatives said they would be happy to raise a concern and were confident the registered manager and senior staff would take action as required. Comments included, "If I had a complaint and anything was wrong I would talk to the manager or any of the senior staff" and "Wholly approachable. I have no fear of talking to any of them."

Minor issues were sorted out promptly. One person said, "I had a minor problem with my bed ... it was sorted out quickly." The registered manager recorded in the provider information return (PIR), "Concerns, complaints, mistakes, incidents... are opportunities for learning and improving care delivery".

People were supported to take part in social activities. There was a designated activity person who told us about their plans for Christmas which included a trip to a local café for a pre-Christmas celebratory lunch. They had recently held an 'Elf day' where people working and living at the service dressed up together to raise money for charity. Each afternoon there was a social activity taking place at the home. People were informed in advance of the sessions and where people didn't want to join in with group activities one to one social engagement were offered.

People were happy with the activities which were on offer. Comments included, "It's good here... They'll take me to Yelverton to have my nails cut... as I don't drive anymore", "I had a bubble bath yesterday ... I felt so good" and "They seem interested in me... like my painting and other things about me." However, three people we spoke with said they were lonely. One person told us "They do their best." We passed this information onto the registered manager so they were aware and could act upon.

People's spiritual needs were supported with regular visits from the local clergy with the opportunity for people to take communion. At the time of the inspection there was a change of vicar being arranged.

One person was supported to stay active and enjoy time in the garden. Staff had worked with the person's family and supported them to personalise the garden. A new fence was erected and the person was provided with their own shed with tools and 'bits and pieces' they liked to use. This had had a significant impact on the person's wellbeing and had stopped any episodes of agitation.

## Is the service well-led?

### Our findings

People and their relatives said the service remained well-led

Since the last inspection in July 2016 the provider had appointed a new registered manager at the service. They registered with the Care Quality Commission (CQC) in July 2017. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The registered manager was supported by a deputy manager, office manager, registered nurses and senior care staff. The registered manager was very passionate about the home and keen to develop both themselves and their staff team further.

The provider visited monthly and undertook quality assurance checks. They met with the registered manager, spoke with people and staff to ask their views and looked at the environment and maintenance issues. The registered manager and staff told us that the provider was very supportive, and any equipment required to meet people's needs safely was always provided quickly.

People and their relatives spoke positively about the management team. A relative said, "The manager gives me confidence." People knew who they could speak with if they had a concern. One health and social care professional said, "(Registered manager) is very passionate about her service." Another said, "I do feel Hart Care is well led. I think this is primarily demonstrated by their staff retention which makes a huge difference to the ability to safely care for their patients and to really get to know their patients. We have in recent times had good dialect with the manager and senior nurse and carers."

The registered manager had worked with the local authority quality assurance team (QAIT) to put in place processes and develop a service improvement plan (SIP) which set out the actions required, by whom and the time scales. The registered manager and staff had prioritised the actions in the SIP and had made great progress working through these. Arrangements were in place to monitor the quality and safety of the service. The registered manager or deputy completed regular audits, for example health and safety; medicines, pressure areas and infection control checks. Where improvements needed had been identified, these had been addressed.

The registered manager submitted a provider information return (PIR) which described what arrangements were in place to ensure the service is well led and what improvements were planned. This included, "A fresh culture has been implemented which focuses on transparency, support, fairness and respect for everyone... A new and robust QA (quality assurance) is now in place and is working well, policies and procedures have been observed and updated... Fire regulations will continually be updated, the home will be re decorated this winter."

Staff had attended regular staff meetings. They said they were happy working at the service, they felt supported and valued and that there was good team-working and an open culture at the service. All staff said morale within the team was good and was positive about the registered manager. Staff comments

included, "(The registered manger) is lovely" and another said, "The nicest (registered manager) I've come across."

People's views and suggestions were taken into account to improve the service. This included regular residents and family meetings, surveys, satisfaction survey drop box in the reception and discussions with the provider. People's comments included, "The owner is very nice, we have resident's meetings; very useful and they listen." A relative said "They do have resident's meetings and we are made welcome and I have done a questionnaire." Staff said people had asked to have more visits from an entertainer they particularly enjoyed, this person has been booked on a regular basis over the next 12 months.

A national care homes review website had received 25 reviews since July 2016 with 21 in 2018. Eleven from people using the service and 14 relatives. They scored 9.7 out of a possible ten, with everyone saying they would be extremely likely or likely to recommend the home. Comments from people included, "Excellent care throughout", "I am happy and feel supported here. I am very settled at Hart Care and feel supported by all staff. The staff are wonderful and put me at ease and always listen to what I need" and "I have been a resident for about eight weeks and have to say I feel at home here. The staff are very kind and the grounds are an added bonus as I loved my garden where I used to live."

The service worked with other health and social care professionals in line with people's specific needs. The registered manager said that communication between other agencies was good and enabled people's needs to be met. Regular reviews took place to ensure people's current and changing needs were being met.

The registered manager reviewed incidents and accidents. This enabled any trends to be identified and addressed to ensure the service was meeting the requirements and needs of people being supported.

In January 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They had displayed the previous CQC inspection rating in the main entrance and on the provider's website.