

Perpetual (Bolton) Limited

Hartington House







Inspection report

14 Hartington Road
Bolton
Lancashire
BL1 4DP

Tel: 01204 493126
Website:

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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	

Overall summary

We carried out this unannounced inspection on 11 December 2014. This service had been classed as a dormant service and was last inspected on 06 September 2011. This was as the service was still registered with the Care Quality Commission; however there were no people living at the home and the home underwent a full refurbishment. The people living at the home moved into another home in Bolton operated by the same provider. People made the choice to move back to Hartington House when it reopened.

Hartington House is a care home that provides care for up to five adults with a mental health illness. At the time of our inspection three people were living at the home. These people had lived together for a number of years.

The home is a large terraced property, which has been adapted so each person has their own bedroom. There was a communal lounge, kitchen/diner and bathrooms and toilets. The home is close to Bolton town centre and other local amenities such as shops, a supermarket and public house.

Summary of findings

The provider has three small care homes in Bolton all in close proximity to one another and there is a registered manager that oversees all three homes. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements.

On the day of our inspection the registered manager was at Hartington House to assist with the inspection.

The home had been recently refurbished and we found the home to be warm, clean and tidy.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported by staff to make choices and decisions about their care and welfare.

We saw that the home had appropriate safeguarding policies and procedures in place for staff to refer to if required. This also included guidance for staff to follow if a person failed to return back to the home. Staff had undertaken training in the protection of vulnerable adults and were able to recognise and report abuse or poor practice.

On the day of our inspection two members of staff were on duty. Staffing levels were determined by what commitments people living at the home had planned for example a person may wish a member of staff to support them to a hospital appointment or on a trip out.

We observed that staff treated people with kindness and were patient and respectful when speaking with people living at the home. We observed a friendly rapport between staff and the person living at the home who was with us for most of the day.

Recruitment systems were in place to help ensure that people were employed following suitable employment checks. Staff spoken with confirmed that they completed an induction on commencing work with the company.

Regular staff supervision meetings took place and records of these meetings were documented.

We looked at three care records and saw these contained clear information to guide staff on how people living at the home wished to be supported and their preferences and wishes.

We found the administration of medicines was safe and people received their medicines in a timely manner.

Audits were undertaken by the registered manager to monitor and assess the quality of the service.

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?

The service was safe.

Medicines were administered in a safe and timely manner.

Staffing levels were determined to meet the needs and daily commitments of people living at the home. Recruitment was robust

People spoken with told us they felt safe living at the home.

Good



Is the service effective?

The service was effective

Staff training was up to date and was relevant to their role.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We saw that care records were detailed and it was evident that people living at the home were involved in deciding what care and support they required.

Menus and preferred choices of food were planned and a healthy diet was promoted.

Good



Is the service caring?

The service was caring

People told us they were happy to have moved back to Hartington House.

People choices were respected with regard to times of rising and retiring. People living at the home did not require any assistance with personal care.

People were helped and supported with daily living tasks.

People living at the home were able to give consent with regard to their care and support.

Good



Is the service responsive?

The service was responsive.

People living at the home were able to go out unaccompanied if they wished.

Staff supported people to plan and take part in individual and group activities.

We saw that care records were up to date and reflected the care and support required.

The home had systems in place to respond to any complaints or concerns.

Good



Is the service well-led?

The service was well led.

The home had a registered manager who had been in post for a number of years.

Good



Summary of findings

Staff were supported with supervision sessions. Staff spoken with confirmed the registered manager was approachable and supportive.

We saw that the registered manager carried out regular checks to assess and monitor the quality of the service.

Hartington House

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 checked 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 inspection took place on 11 December 2014 and was unannounced.

The last inspection took place on 06 September 2011 and was found to be meeting the standards inspected.

As this is a small service the inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we reviewed information we held about the service since it reopened, we had not received any concerns or complaints about this service.

During our inspection we spoke with one person living at the home, one person was out of the home and the other remained in their bedroom. We have previously spoken with all people living at the home and at the other home where they moved to whilst Hartington House was closed. We also spoke with a visiting healthcare professional.

We looked at records held by the service including care records for all the people living at the home, the training matrix and audits.

Is the service safe?

Our findings

During our inspection one person living at the home spent most of the day with us. They told us they felt safe living at the home. We observed that they were relaxed and comfortable with staff in the home and there was lots of chatter and laughter.

We looked around the home and saw that a full refurbishment had taken place. The environment was clean and tidy. We saw evidence to confirm that prior to the home reopening all the required safety checks for example fire, gas, electric, heating and portable appliance checks had been carried out to ensure the premises were safe for people to move back in to. The home had a 'no smoking policy'; if people wished to smoke they had to go outside the premises.

We observed that people could go out of the home unaccompanied and went to the local shops, the pub and into the town centre. We saw that risk assessments were in place for people going out of the home to help ensure their safety.

The registered manager showed us there was a safeguarding policy in place; this was currently being reviewed and updated. We saw that staff had undertaken training in the protection of vulnerable adults and this was updated as required. Staff spoken with had a good understanding of safeguarding procedures and knew what to do if they had any concerns that any form of abuse had occurred.

We saw that staffing rotas/staffing levels were planned around people's particular needs and what commitments

they had that day, for example hospital or GP appointments. Staff would accompany people to these appointments if required. The same applied for trips and outings.

One member of staff was on night 'sleeping duty' with on call support in the event of any emergencies.

We looked at the system for the safe administration and storage of medicines. We saw that medicines were securely stored and following administration the Medication Administration Record sheet (MARs) had been completed. The home used a system called Biodose. This is where medicines are contained in a 'pod'. Each pod can contain tablets or liquid medication. Photographic identification was on the front of each tray which helped to minimise medication errors. All staff had completed medication training. At the time of our inspection there were no controlled drugs kept at the home.

We discussed with the registered manager about staff recruitment. At the time of our visit staff personnel files were not kept at the home and were kept at the main office. The registered manager was able to show us computerised information that showed us that staff had a Disclosure and Barring Service check (DBS). A DBS check helps the provider to ensure people are suitable to work with vulnerable adults. Staff spoken with confirmed that the recruitment process was robust and that they completed an application form, had to submit three referees for reference checks, other forms of identification such as a birth certificate and attend for an interview. Staff personal files have been examined previously to allow staff to work in any of the provider's other homes in the area.

Is the service effective?

Our findings

We looked at the care records of the three people living at the home. As previously stated people living at the home had lived there for a number of years and some of the information had been archived.

We saw that up to date information was contained in the records to inform staff about the care and support needs of people. Other information included health care, risk assessments, information from other healthcare professionals for example community psychiatric nurses (CPNs) and people's personal preferences. We saw that the care records were regularly reviewed and updated to reflect any changes to the plan of care. Any changes had been discussed with all relevant parties.

During our inspection we spoke with a CPN who was visiting the home. They told us, "The quality of care is excellent. My client's privacy is always respected and the staff are very kind and caring".

We saw consent forms were kept in the care files relating to medication and finances. People living at the home were able to verbalise their consent as required and were able to sign consent forms.

The Care Quality Commission has a duty to monitor activity under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out the legal requirements and guidance to ascertain people's capacity to make decisions at certain times. DoLS are part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

There were no people living at the home who were the subject of a DoLS authorisation. The registered manager had detailed knowledge of the MCA and DoLS and knew the procedures to follow should the need occur.

We asked the registered manager about staff training and development. We saw from the training matrix that staff had completed an induction on commencing work at the home. There was evidence to demonstrate that staff had undertaken training in safeguarding vulnerable adults, medication, food hygiene, fire safety and behaviours that challenge the service and MCA and DoLS. Staff spoken with confirmed they undertaken training relevant to their role and that they had regular supervisions and observations completed by senior staff.

We looked around the home, bedrooms and bathrooms were on the upper floors, there was also a bathroom on the ground floor. The home did not have a passenger lift; therefore people living at the home would have to be able to walk up and downstairs safely as bedrooms were upstairs. The building was in good repair and was clean.

People living at the home were offered a variety of food and choices. There were ample supplies of food available in the home. The menus were planned with people living at the home and a healthy and nutritious diet was encouraged.

Is the service caring?

Our findings

The people living at the home were able to attend to their own personal care needs. Staff support was minimal and was provided when required for example making sure people received their medicines at the right time and reordering medicines. One person spoken with was happy for the staff to hold their medicines.

When we arrived at the home the member of staff on duty told us one person was still in bed and would come down when they were ready. There was an agreement between staff and people living at the home about times when they should return back to the home at night and when the communal areas of the home closed. People had access to televisions, drinks and snacks in their own bedrooms. In the event of any emergencies for example if a person was ill during the night, staff were available to assist.

We saw that people's private space was respected and people were provided with a key to lock their bedroom door if they wished. People living at the home and staff did not enter people's bedrooms without their consent.

We observed that there was a friendly and respectful rapport between staff and people living at home and with visiting healthcare professionals. Staff at the home were patient and kind when dealing with people's requests.

People living at the home were expected to carry out daily living tasks for example making sure their rooms were kept clean and tidy. People made their own breakfast and lunch, staff assisted as required. The evening meal was prepared by the staff; people could help if they wished. Menus and choices were discussed with people and we heard a discussion with one person and a member of staff about their choice of a lunchtime snack.

Is the service responsive?

Our findings

We spoke with the registered manager about how people were assessed and what support was provided for offering prospective people a place at the home. The registered manager told us this would be a joint approach with other healthcare professionals, for example CPNs and social workers and with the prospective person and possibly their relatives (where appropriate) would be included in the consultation. The registered manager told us that prior to moving in to the home people would visit the home to make sure they were happy with the placement. People's compatibility with people already living at the home would also be considered.

One person spoken with told us, "I am happy to be back here, this is my home for life". We asked this person about how they spent their day. We were told that they had got tickets to go to a concert to see one of their favourite bands with a member of staff. They said they wanted to go to town and buy some new clothes and that staff would arrange to accompany them. During the day we observed a member of staff helping this person to write a letter, the staff member assisted in a sensitive and patient manner.

We spoke with the staff on duty and it was evident they were aware of their roles and responsibilities and had detailed knowledge of the people they were supporting.

We asked the registered manager if anyone living at the home was in employment or attended further educational activities. The registered manager confirmed that currently no one was in employment or attending outside activities, however if a person wished to it would be discussed and if possible actioned.

We looked at three care records and saw that people living at the home had been involved with the writing of their care plan. Records reflected people's personal preferences and choices. We saw a booklet in the care records titled 'All About Me' which gave staff more insight about people's past life, social interest, likes and dislikes. We saw that the records had been regularly reviewed.

We saw that the home had systems in place for dealing with complaints and concerns. The registered manager confirmed there had been no complaints since the home reopened and we saw that there was no record of any complaints in the complaints file.

Is the service well-led?

Our findings

The registered manager had been in post for a number of years. The registered manager oversaw three small services all in close proximity within the Bolton area. The registered manager was supported by senior staff and care staff within the home. The home did not employ agency staff as this could be unsettling for people living at the home as they had built up good relationships with the staff.

There were management systems in place to ensure the home was well-led. The registered manager showed us various audit checks these included accident /incidents, care records, medication, health and safety and environmental checks. Any issues identified from the audits had follow up actions documented. We were shown maintenance certificates for the gas, electrics and for the testing of portable appliances (PAT) these were up to date and valid.

We discussed with the registered manager about notifiable events that the CQC must be notified about, these included serious accidents and incidents, safeguarding referrals and death notifications. The registered manager was fully aware of the procedures to follow if and when required and notified. We saw any accidents or incidents were recorded appropriately.

We saw that staff meetings and residents' meetings were held. The last meetings were in November 2014. Staff supervision sessions were undertaken regularly this gave staff the opportunity to discuss and concerns they may have and further training and development they may wish to undertake.

We saw that satisfaction surveys for people living at the home and for relatives had also been completed in November 2014. Feedback was positive and some comments included were as follows: 'The staff are very friendly', 'Staff offer choices' and, 'The home is very clean'.