

HC-One No.2 Limited Hartford Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hartford Court provides accommodation and residential care for up to 68 people, some of whom have a dementia related condition. At the time of our inspection there were 57 people using the service.

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

People had not always received their medicines in a safe and timely manner. The risk people faced in their day to day lives had not always been addressed.

People's needs and choices were assessed but care plans lacked some important details. Records did not always accurately and fully reflect people's care needs.

Quality assurance systems had not always been effective in finding the issues we had during the inspection. During feedback, the senior management team said they had fallen short of the providers expectations and would work to address issues raised.

People were helped to eat and drink and maintain a healthy diet. We received some mixed views about food and drinks from people and their relatives.

Communication within the service needed to be improved. This included within the staff team particularly in connection with record keeping and when communicating with health care professionals.

The service was clean and tidy, but staff had not always followed infection control guidance fully. We have made a recommendation about this.

The service needed some decoration and new carpeting; however, the provider had a refurbishment plan in place to rectify this.

Information around people's capacity, consent to care and best interest decisions were in place in some care files but not others. We have made a recommendation about recording how staff are following the principles of the MCA.

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; however, the policies and systems in the service did not support always this practice.

People told us they felt safe. Staff understood their responsibilities to report any safeguarding concerns. People were complimentary about the kind nature of the staff team.

There were enough staff and staff were recruited appropriately. However, there had been some shortages

from time to time due to the COVID-19 pandemic and there was still some use of agency staff. The provider was actively recruiting to fill vacant posts. Staff had received training, but further updates were required to better help staff support people living with dementia who had distressed behaviours.

We received mixed views about leadership within the home. Some staff felt they were not always supported effectively by management. During the inspection, the registered manager resigned.

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 good (published 18 January 2020). At this inspection we found the provider had deteriorated to requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about the care people received, including food quality, nutrition and medicines. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led but after further review of information, this was broadened to include effective.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The management team were responsive to our inspection feedback and had appointed a 'turnaround' manager to support the home.

You can read the report from our last inspection, by selecting the 'all reports' link for Hartford Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the local authority to monitor progress. We will continue to

monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hartford Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, one pharmacist specialist, 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

Hartford Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hartford Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, but they resigned during the inspection process.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 15 people who used the service and nine relatives and friends about their experience of the care provided. We spoke with 22 members of staff including the registered manager, the managing director, the regional director, the area director, area quality director, turnaround manager, senior care staff, care staff, kitchen staff, domestic staff and administration staff.

We reviewed a range of records, including multiple care and medicines records. A variety of documents relating to the management of the service, including policies and procedures, maintenance records and five staff recruitment files were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We reviewed further documents including incident reports, food and fluid documentation and quality assurance documents. We contacted a range of healthcare professionals, including GPs, district nurse teams, occupational therapists, local authority safeguarding teams and behaviour teams to gather further feedback.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not safely managed. We observed staff leaving medicines with people to take who should have been supervised.
- Medicines were not always administered as prescribed. This included people being administered paracetamol before the next dose was due.
- Returned medicines were not monitored fully. Controlled drugs should have been returned to the pharmacist but had not been. We reported this to the local authority safeguarding team.
- 'As required' medicines or those with a variable dose did not always have guidance about how the medicine should be used or a record of why it had been administered.
- Guidance and records were not always in place to support the safe administration of topical medicines. Creams applied by care staff were not accurately recorded to show who had completed that task. There were gaps in medicine administration records.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People's risk assessments were in place but had not always been reviewed regularly.
- Where people had a Do Not Attempt Resuscitation (DNAR) or emergency health care plan in place, this information was not easily accessible to staff should the need arise for them to be considered and implemented.
- Personal emergency evacuation plans had not been put in place immediately a person moved into the home. For one person that was over two months.
- Call bells were not always in place or plugged in for people to use to call for help or support. One relative said, "The call bells are not always working. If you look around you will see some are not even plugged in or in reach."
- Guidance and training for staff to help them support people who displayed distressed behaviours was limited and staff had not always followed health care professional advice, including not administering medicines at times of potential distress. Two healthcare professionals said that staff lacked some training in this area.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Visitors were screened for COVID-19 and followed government guidance, including testing and wearing appropriate PPE. One healthcare professional said they had not been asked recently for details of their testing regime when visiting.

We recommend the provider review government guidance regarding visiting professionals.

- Staff had access to suitable PPE. However, we saw a small number of staff not always following government guidance in its use. After feedback this was addressed by the management team.
- People were safely admitted to the service and procedures were in place to prevent or manage any outbreaks occurring.
- The service was clean and tidy and the provider's infection prevention and control policy was up to date.
- Visiting was not restricted and relatives and friends were encouraged to visit their family members.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were recorded, reported and investigated. However, some records lacked detail, and this was acknowledged by the provider.
- Staff received safeguarding training and told us they would be confident to report concerns.
- People told us they felt safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. However, due to lack of detail in some recordings, the information was limited and therefore restricted in what lessons could be learnt. We discussed these issues with the management team who were going to address this as part of a wider records improvement programme.

Staffing and recruitment

- Staff were recruited safely, including having Disclosure and Barring Service (DBS) and other pre-employment checks carried out. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff employed and the provider monitored staff levels. However, we received mixed feedback about staffing levels from people, staff and relatives. One relative said, "The staff are busy most of the time and the agency staff they have just take longer to do everything which I think does not help."
- Agency staff were used to ensure safe staffing levels were maintained and the provider was actively recruiting to fill any shortfalls. One person said, "Their (agency staff) skills are just not the same as our usual carers. They don't know us residents for a start."

We recommend the provider closely monitors staffing levels, particularly evenings and weekends, in line with best practice to ensure a suitable skill mix and staff level is maintained.

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 our last inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's food and fluid records were not always up to date or reviewed regularly. Other records did not always fully document when healthcare visits had occurred or what action had been taken in a timely manner.
- People's weight was monitored.
- Healthcare professionals were contacted when additional care and support was required. However, this was not always recorded fully.

Records were not always fully documented or reviewed. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to eat and drink and offered a nutritious diet. Snack stations were available around the service, including fruit.
- We received some mixed comments about the quality of the food, but most were positive. One person said, "Food is usually nice. We get a good selection and they try to accommodate everyone." However, one person said, "The food is not that good. They sometimes forget what I don't like."

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

- People's needs and choices were assessed, however the assessment information did not always correlate with care plans in place to make sure people's needs were always met. The provider was aware and in the process of addressing this.
- Care plans and assessments were reviewed but not always as often as the provider stipulated. Care plans lacked detail in many instances, and it was not always clear what action had been taken following the completion of an assessment.
- Some people had not always received choice in the way they wanted their care delivered. One person told us they would prefer more showers. We raised this with the area director who said, "They should receive a shower whenever they want one."

Records were not always fully documented or reviewed. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate legal authorisations were in place where it was necessary to deprive a person of their liberty. These authorisations were recorded and reviewed when required.
- Consent was requested verbally by staff before they undertook personal care with people. However, consent documentation was not always fully completed or signed in people's care records.
- Staff had not always followed correct procedures by allowing a visitor to take copies of care documentation without the legal authority to do so. The management team confirmed this should not have occurred and were in the process of addressing it with staff.
- Records around assessing people's capacity and consent to their care were inconsistent. In some care plans we reviewed these records were completed and in place. In others, they were limited or not required. Similarly, decisions made in people's best interests where they lacked capacity were recorded in some care plans but not required in others because the person had capacity to make their own decisions.

We recommend the provider considers best practice guidance, and reviews and strengthens their documentation relating to the MCA.

Staff support: induction, training, skills and experience

- Staff had received suitable induction, training and support. One senior carer said, "All my training and the staff on duty is up to date." However, further training was required for staff working with people living with dementia, particularly in connection with distressed behaviours.
- Staff had received supervision but some staff did not always feel supported. The management team were aware and had plans to address this.

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

- The service was purpose built and people had a choice of areas where they could meet friends, participate in activities or spend time on their own.
- Outdoor spaces with seating areas were available. Fences needed to be secured after high winds had blown some of them down. The provider was in the process of addressing this.
- A refurbishment plan was to imminently start within the service. This was to include replacement of all carpets and redecoration of many of the rooms within the service.

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 our last inspection we rated this key question good. The rating for this key question has changed 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

- Quality assurance systems and audits were not always effective. During this inspection we identified shortfalls in relation to systems and processes, including medicines management and care planning.
- Care records did not always have person-centred information to help staff support people in the way they preferred. The provider had already identified shortfalls within care records, however we found that on reviewed documentation, those shortfalls continued.

Systems were not robust enough to oversee the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were open and honest and agreed they had fallen short of the provider's expectations of the quality service they aimed to provide to people.
- Staff attended meetings, but these had not always been regular. The new turnaround manager had set a schedule to hold these meetings more regularly. Some staff thought morale was low and they did not feel valued. This was brought to the attention of the management team to address.
- People and their relatives commented on the kind and caring nature of the staff team.
- Staff, people and relatives gave us mixed comments on how well the service was run. One staff member said, "The manager is too friendly with some staff and cannot then address issues." One person said, "The manager comes round every morning and speaks to you, that's great."
- People and their relatives had opportunities to engage with the way the service was run and how their care was delivered, although this was not always documented fully.

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 provider reported any incidents or accidents in line with their legal requirements.
- The provider had been open with families when incidents had occurred and investigated these to provide mitigation for the prevention of future occurrences.

Continuous learning and improving care; working in partnership with others

- People, relatives, healthcare professionals and staff told us communication needed to be improved. One healthcare professional said outcomes of meetings were not always communicated to all relevant staff members. A GP told us more input from the manager at multidisciplinary meetings would be welcomed. We discussed communication with the management team who agreed it needed improving and said they were going to address this.
- Timely referrals to healthcare professionals had not always occurred. During the inspection we observed a GP was called out again just after they had visited the home.
- The management team supported the inspection and were open to feedback throughout the process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not routinely reviewed and information was not always available to mitigate risk to people. Medicines were not safely managed. Regulation 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to monitor the quality and safety of the service were not effective. Care records were not accurate, complete or up to date. Regulation 17(1)(2)(a)(b)(c)(f)