

Abbeyfield (Lakeland Extra-Care) Society Limited (The)

Hartland House

Inspection report

Beetham Road
Milnthorpe
Cumbria
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Tel: 01539562251

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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 took place on 23 May 2017 and was unannounced. We last inspected Hartland House in August 2014. At that inspection we found that the service met all of the essential standards we looked at.

Hartland House provides accommodation and personal care for up to 32 older people. 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. It is a detached two storey building with garden areas to sit in and private car parking. It is situated on the edge of the small market town of Milnthorpe. 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 the inspection. A registered manager is a person who has registered with the (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.

During the inspection we saw there were sufficient numbers of suitably qualified staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability.

We saw medicines were being administered and recorded appropriately and were being kept safely.

People's rights were protected. The registered manager and staff team were knowledgeable about their responsibilities under the Mental Capacity Act 2005.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

We observed staff displayed caring and meaningful interactions with people and treated them with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them. People living in and visiting the home spoke highly of the staff and told us they were very happy with their care and

support.

There was a clear management structure in place and staff were very happy with the level of support they received.

People living in the home were supported to be independent and access activities and pass times of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Prescribed medicines were stored safely and managed safely.

Checks of suitability were made to ensure that people being employed were fit and proper persons.

People told us they were safe and very well cared for in this home.

Is the service effective?

Good ●

The service was effective.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained from the relevant people.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting, their likes and dislikes.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service was responsive.

We saw there were some activities which people took part in and

people were encouraged to be independent.

People felt able to speak with staff or the management team about any concerns they had.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Is the service well-led?

The service was well led.

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Good ●

Hartland 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 was planned to check whether the provider was 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 unannounced inspection took place on 23 May 2017. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered manager completed a 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 reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the home and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with the registered manager, the care manager, three staff members, five people who used the service, a visiting health professional and two relatives. We observed how staff supported people who used the service and looked at the care records for five people living at Hartland House.

We looked at the personnel files of staff recruited in the last year. These included details of recruitment, induction, training and personal development. We looked at the overall training record for all staff. We also looked at records of maintenance and repair and other quality monitoring documents.

Is the service safe?

Our findings

People living and visiting at Hartland House that we spoke with told us they felt people were kept safe. A relative we spoke with told us they had no concerns about the safety of people at the home. One person told us, "I definitely feel safe". Another person said, "I feel safe, very much so". People also told us that they had "No worries or concerns" about the care they received.

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. People who lived in the home told us "There is always enough staff". One person said, "If I call for someone they come running". Another person said, "Very good staff and there is enough of them". Staff we spoke with told us they felt that staffing levels were sufficient and they had time to spend chatting with people. The number of staff on duty at night was adequate to meet the needs of the people who lived in the home at the time of the inspection. We were told that this number of staff could, if required, be increased based on the needs of people should they vary.

We looked at six staff files for recruitment and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau [CRB] and Disclosure and Barring Service [DBS] checks had been conducted.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We looked also at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food served and there was always plenty of choice. One person told us, "There is plenty to choose from, it's excellent". Another person said, "You should see the dessert trolley, there were ten choices you cannot fault the food". We observed that people had regular drinks and snacks throughout the day. Lunchtime was observed to be a relaxed and very sociable event.

We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss, we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records, which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with were able to tell us about training they had received. Staff we spoke to said they were up to date with all of their training. One staff member told us, "I had a good induction when I started. I felt very supported and I have now been signed off as being competent". Another member of staff told us, "We get three monthly supervisions and a yearly appraisal. We are a good team its's a good place to work".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection no one who lived at Hartland House had their liberties restricted.

We found the registered manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 [MCA], which applies to people aged 16 or over. Where relevant we were told independent advocacy could be arranged.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been

personalised to help people to feel at home and people were able to spend time in private if they wished to.

Is the service caring?

Our findings

People who lived at Hartland House that we spoke with told us they were "Very happy" and that the staff were "Wonderful, fantastic and can't do enough for you". One person we spoke with said, "Things are very good here". Another person said, "It's a super home". We were also told, "They [staff] go as far as they can to make it a normal life as they can".

The atmosphere in the home was calm and relaxed. We saw that the interactions between staff and people who lived in the home demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. One person we spoke with told us, "My dignity is always protected".

We heard conversation and laughter between staff and people who lived in the home. We saw that staff gave people time and encouragement to carry out tasks themselves. We were told by people who lived there, "We go out when we want". One person told us, "Sometimes they [staff] prefer it if someone goes with you". This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

The visiting health professional we spoke with told us, "Care is very good here, people who live here are put first and the staff are very proactive".

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service responsive?

Our findings

We saw people could engage independently in activities of their choice. We saw that people were supported in organising and attending their own regular social events in the local community or with visiting friends and relatives. One person told us, "There are regular activities here and you can organise your day around them. You can choose to take part or not as you wish". We noted that a number of people also preferred to spend time individually in their own rooms.

The home had outdoor areas and gardens where people were able to spend time out of doors as they wished. The registered manager and one of the trustees told us of the imminent plans to alter and improve areas of the home both internally and externally.

We looked at the care records for five people who lived in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them. People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person said, "They [staff] discuss my care with me". Another told us, "Staff do whatever I need them to do".

From the records we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

We also saw that there was effective working with other health care professionals and support agencies, such as local GPs, community nurses, mental health teams and social services. One visiting health professional we spoke with told us, "People are always given a choice whether they wish to see me on their own or with support from staff. They keep really good records and if they have any concerns about people they are quick to contact me".

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "I have no complaints, everything is satisfactory and if it wasn't I would speak to the registered manager". Another person told us, "I have no worries or complaints but if I did I would just speak with the staff". The registered manager told us they preferred to deal with people's concerns as and when they arose.

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well managed. One person told us, "Staff listen to me and the registered manager is very good". Another person said, "It's well managed we can discuss things, the registered manager listens and then he does something about it". Another person said of the registered manager, "He's good, very approachable".

Staff we spoke with said that they enjoyed working in the home. One staff member said, "We get lots of support from the registered manager he is really good". Another staff member told us, "It's really nice to work here". Results from a recent quality survey completed by people who lived in the home rated the friendliness and helpfulness of the staff as outstanding.

We saw that regular residents meetings were held where people and their relatives were involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

The premises were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people who lived there.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home.