

R Hart Care Limited

Hart Lodge

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	

Overall summary

We inspected Hart Lodge on 26 November 2014. This was an unannounced inspection. We last inspected Hart Lodge on 31 October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Hart Lodge provides accommodation and 24 hour support with personal care for up to 11 adults with mental health needs. There is a strong ethos of

rehabilitation and enabling people to move on to supported living environments. The home is a large property arranged over two floors. At the time of our inspection 11 people were living at the service.

A safe environment was provided for people who used the service and staff supporting them. The staff were knowledgeable in recognising signs of abuse and knew how to report concerns. Medicines were managed safely. Incidents were reported and managed in an appropriate way.

Summary of findings

Risk assessments addressed the risks to people using the service. Assessments were undertaken to identify people's health and support needs and care plans devised to meet their needs.

Staff had skills and knowledge to support people using the service. Staff told us they undertook regular training. The training matrix showed that staff had received up to date training and supervision.

Staff demonstrated they had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they felt cared for. People were treated with dignity and respect. Staff knew the care and support people needed.

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?

A safe environment was provided for people who use the service and staff supporting them.

The service had a safeguarding procedure in place and staff were aware of their responsibility with regard to keeping people safe.

Assessments were undertaken to identify risk to people using the service and others. Plans were in place to manage risks.

There were enough staff at the service to keep people safe.

Good



Is the service effective?

Staff had knowledge and skills to support people who used the service.

At the time of our inspection no one was subject to the Deprivation of Liberty Safeguards. The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

People were supported to have their physical and mental health needs met. Staff liaised with health professionals and local mental health teams about people's needs.

People were able to prepare their own meals or if they preferred, meals were prepared by staff. They had access to food and drinks.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect. People's privacy was respected by staff.

The staff knew the care and support people needed. People were involved in making decisions about their care. They were able to set their own goals about what they wanted to achieve.

Regular meetings were held with people to discuss their progress and additional support they may require.

Good



Is the service responsive?

The service was responsive.

Each person had a care plan which set out their individual and assessed needs.

People were involved in planning activities. People said there were enough meaningful activities including the opportunity to attend further education classes.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service and satisfaction surveys were provided to obtain their views.

There was a complaints process. People said they knew how to complain if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led. Staff were supported by the registered manager and senior staff. Staff felt able to have open discussions about the service with the manager and other staff.

The service had a process for reviewing incidents and notified the Care Quality Commission as required.

The service had systems in place to monitor quality of care and support in the home.

Good



Hart Lodge

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.

At our last inspection on 31 October 2013 the service met the regulations inspected.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted the local commissioning team for the service to obtain their views about it. Prior to this inspection we received one whistleblowing concern which related to the management of medicines, meeting nutritional needs and the management of the service.

The inspection team consisted of an inspector and a specialist advisor. A specialist advisor is a person who has professional experience in caring for people with mental health needs.

During the inspection we spoke with three people who lived in the home, three staff, the deputy manager and the registered manager of the service. A registered manager is a person who has 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed care and support in communal areas, spoke with people in private, and looked at three care records and management records including staff rotas, health and safety audits, quality assurance audits and staff training logs.

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us they knew what to do if they felt unsafe. One person said, “I would talk to the staff and tell them I’m not happy because I don’t feel safe.”

There was information displayed on notice boards explaining about abuse and what to do if people felt unsafe. We saw a ‘keeping safe’ folder in the communal lounge for people to refer to. This contained information about types of abuse and how to report concerns. It also had tips about food safety, advocacy and human rights in an accessible format. People told us staff talked with them in one to one sessions about keeping safe.

The service provided a safe and secure environment to people who used the service and staff.

No one was able to enter the premises without a key and staff checked the identity of visitors to the service.

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns to the manager of the service. Safeguarding alerts were notified to the local authority and the Care Quality Commission (CQC) and action taken to assess risks were clearly documented in people’s care records. All staff said they felt safe on duty and that their colleagues were supportive.

Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistleblow. We looked at the training log and noted that staff working at Hart Lodge had received up to date safeguarding training.

Assessments were undertaken to identify the risks presented to people who used the service and others. The assessments included information received at the time of referral to the service and observations undertaken by staff at the service. Care records examined showed clear and comprehensive risk assessments and crisis plans. These were up to date and reviewed regularly. Risks considered included both to self and to others with detailed plans on how staff should react. An example was noted with regard

to possible exploitation of a vulnerable person, with clear plans recorded on monitoring relationships with other people using the service, and use of regular one to one meetings with staff to discuss any concerns.

Care records reviewed showed evidence of assessments about safety outside the service as well as inside. One person’s care plan aimed to assist in developing confidence to use public transport, with a graded programme to accompany them on journeys, gradually withdrawing as their confidence increased.

The environment was well maintained. We looked at records of maintenance carried out at the service. We saw that the maintenance contractor attended the service monthly and maintenance carried out or needed was recorded. There was a system for identifying and completing urgent repairs.

The service had an infection control procedure and carried out monthly audits. These included cleanliness of the service and food hygiene. We saw staff wearing personal protective clothing when cleaning or preparing food.

We looked at medicines storage, medicines and records about medicines for people using the service and reviewed documents supplied by the service. We saw appropriate arrangements were in place for obtaining medicines. There were no controlled medicines at the service. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. Risk assessments were carried out for people who were able to take their medicines independently.

The service did not have a medicines fridge. We noted that the service did not have medicines requiring cool storage at the time of our visit. We asked the deputy manager about this. They told us that a medicine fridge would be purchased if this became necessary.

We looked at the medicine administration records (MAR) for everyone using the service. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Staff told us

Is the service safe?

they were trained in medicines management and training records confirmed this. We saw information and staff told us about guidance available for staff about medicines, side effects and homely remedies.

The provider completed daily and monthly audits to check the administration of medicines was being recorded correctly. An annual audit was carried out by a pharmacist. This meant the provider had systems in place to monitor the quality of medicines management.

The service had a Recruitment and Selection Policy. The policy covered Disclosure and Barring Service (DBS) checks, verifying ID which included photo ID such as driver's license and passport and documents with address. The policy stated that a minimum of two references were needed including at least one professional reference.

We looked at eleven staff files and saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references, professional registration and proof of identity, eligibility to work in the UK and employment history. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work at the service.

There were adequate staffing levels in place. There were three staff on duty at all times during the day and two staff at night. During our visits we saw that the staff provided the support people needed, when they required it. People living at Hart lodge and staff we spoke with said they felt there were enough staff available. There were sufficient staff employed to cover annual leave and sickness. We looked at staffing rotas which reflected this.

Is the service effective?

Our findings

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

The registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty. At the time of our inspection no one at the service required the use of DoLS. People were able to freely come and go from the service. We saw records of staff training completed. Staff told us they had completed on line training and some had attended external training courses.

Staff we spoke with stressed that physical restraint was not used. People we spoke with said they were not restrained by staff. De-escalation techniques, conflict resolution and behaviour techniques were used instead. One staff member stated that “staff had an excellent rapport” with people and this helped in managing potential conflict situations. Staff demonstrated understanding between lawful and unlawful restraint.

During our inspection we saw that a person became distressed. We saw staff speaking with them in a calm, gentle and respectful manner. The member of staff told us that “it’s all about their choices. Our focus is on their rehabilitation.”

A member of staff told us that every person’s file had a Mental Capacity Act 2005(MCA) Capacity Test Form completed with staff and the clinical advisor of the service. We looked at records of mental capacity tests in people’s care files and noted that one of the tests reviewed had not been signed. We brought this to the attention of the deputy manager. We saw records of best interest meetings held for people using the service and noted that appropriate decisions were being considered.

The training matrix showed the core training included Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), conflict resolution, fire safety, medicines management, health and safety, food hygiene, first aid and safeguarding of vulnerable adults. The training matrix showed that staff had attended training or were due their refresher course. Staff told us they received regular training

and monthly supervision meetings with a senior member of staff and found these useful. This gave them the opportunity to raise any concerns about the service, identify what had gone well, new things they had learnt and any areas of development. We looked at records of staff supervision confirming that supervisions were carried out monthly or every eight weeks. Staff told us they had an annual appraisal and we saw records of this.

Induction processes were available to support newly recruited staff. This included reviewing the services policies and procedures and shadowing more experienced staff.

Monthly staff meetings took place. We looked at minutes of these meetings. Agenda items included care and support planning, staff morale, training and audits.

People living at Hart Lodge had the opportunity to decide what they wanted to eat and had a choice of preparing their lunch and evening meals or having them prepared by the staff. People who chose to prepare their own meals received a personal weekly budget in order to purchase their shopping. One person told us, “we can cook for ourselves or the staff do it for us.”

We saw groceries available for people to have a choice of breakfasts, condiments, drinks and snacks. After shopping people gave their receipts to staff and talked about their purchases. Staff discussed healthy choices with people and advised people about portion control and healthy eating if this was identified on their care plans.

People were supported to go shopping. Care records reviewed included a list of food items people would like to buy when out shopping. We saw how people’s care records addressed maintaining a healthy balanced diet and attendance at healthy lifestyle groups.

At the time of our inspection the fridge, freezer and cupboards were well stocked. The kitchen was available for people to use. People who had allergies or cultural preferences were able to have meals in accordance with their needs. People we spoke with told us they were able to choose and prepare meals to suite their cultural preferences.

Each person had a care plan which set out the individual and assessed needs of people.

People who used the service managed their physical health with support from staff if required. We saw information and advice provided to one person in records reviewed on

Is the service effective?

understanding the benefits of their medicines, together with assistance in managing their medicines with staff supervision. We saw records and care plans in place to meet specific medical conditions.

People received support and treatment for their mental and physical health needs from the staff at the service and from health professionals involved in their care. People

attended their medical appointments independently or accompanied by staff when necessary. People had an annual health check with their GP and attended a review with the community mental health team every six months. We saw records that communicated changes in people's needs clearly so that staff supporting them were aware of any changes in their needs.

Is the service caring?

Our findings

There were positive caring relationships between people who used the service and staff. We observed staff interacting with people in a kind, respectful and personalised way. People told us staff were caring. One person said, “the staff are really lovely.” Another person said, “the staff are nice. They do care”

We observed people and staff interacting in a way that demonstrated a warm approach as people were supported to develop life skills. Staff we spoke with emphasised the ethos of rehabilitation and people making choices.

People we spoke with expressed satisfaction with the staff and the facilities at the home. One person said, “I like the facilities, there is lots to do.” Another said, “staff help me.”

Each person using the service had an assigned key worker. The staff we spoke with were keyworkers for people. They were able to describe how they developed relationships with people which included speaking with the person and their family to gather information about their life history and likes and dislikes.

Staff told us how they promoted peoples dignity, choice, privacy and independence. People told us staff respected their privacy and knocked and waited to be invited in before entering their bedrooms. Staff explained how they sought consent from people before assisting them or offering support with their daily needs.

People told us they were involved in making decisions about their care and developing their care plans. We saw care plans had been signed by people using the service. People were asked for their consent to share these with their family. People told us they were able to set their own goals. We saw records relating to promoting peoples independence and reviews about their progress. People told us they liked meeting with staff and discussing their progress and completing their reviews.

People who used the service had the opportunity to feedback about the service. People told us there were meetings and we saw records of monthly meetings held at the service.

Is the service responsive?

Our findings

Each person had a care plan which set out the individual and assessed needs of people. Care plans reviewed indicated a commitment to personalised care and responding to people's needs.

There was comprehensive information about people in the care plan records. We saw that care assessments had been carried out and daily records showed care that had been given. Staff we spoke with had a good knowledge of people and were able to tell us about their specific needs.

Staff we spoke with stressed the importance of giving people choice. One staff member said, "it's all about their choices". The focus was on rehabilitation and promoting independence. We saw care plans of people using the service that showed how they had progressed with support from staff to get involved in the community and further education.

Care records reviewed demonstrated a focus on person centred care with interventions designed to assist the person. For example tailoring of menu for healthy eating, assistance with managing smoking and management of medicines.

Staff were knowledgeable about people's needs, the support they required, their interests and activities they liked to participate in. Staff told us about a course a person using the service was attending and an award they had received that week.

People we spoke with told us about a range of activities they were involved in at the service such as movie night

and games night and external events including Zumba and swimming classes. People told us they were able to plan the program of activities taking place at the service and could participate or change their activities if they wished. One person told us, "I'm busy at the weekend so I've just arranged to go clothes shopping with [staff] tomorrow." The service had an activities assistant on weekdays for two hours each day. During the weekend there was a more flexible program as some people were away for the weekend. People were able to choose what they wanted to do on the day and staff worked flexibly to accommodate their wishes. People we spoke with said they had enough activities at the weekend.

Meetings were held with people living in Hart Lodge to discuss the service and to find out their views. We looked at minutes of these meetings. The service collected formal feedback from people through completion of an annual questionnaire. People were happy with the service they received and said they were happy living in the home.

There was a complaints process available and information was available on how to make a complaint if people were unhappy with their care or support. In addition there was a comments/suggestions box by the front door for people and visitors to use. People we spoke with said they knew how to complain if they needed to. They said they would tell a member of staff.

We looked at the complaints log and saw complaints that had been received and how they had been dealt with in line with the provider's complaints policy.

Is the service well-led?

Our findings

The service had a registered manager who had been working in the home for two years and had been the registered manager for seven months at the time of our visit. Staff told us they found the staff team easy to work with and the registered manager and deputy manager approachable and supportive. They said there were opportunities to speak with the managers formally as well as informally.

Staff we spoke with described the service as being well run. One said, “it’s a good place to work. It’s a well-run organisation” Another said, “I love working here. It is good on training and there is support for staff”

People using the service said they thought it was well run and staff were approachable. One person said “I can ask them to help me with anything I need to do.” People were encouraged to work with staff. One person worked on developing a budgeting plan.

Staff told us, and we saw, minutes of monthly staff meetings held to enable open and transparent discussions about the service and allow staff to raise any concerns or feedback they had.

Satisfaction questionnaires were given to staff to gather their views about the service. Responses showed the majority of staff felt communication within the home was good. They felt adequately trained and were supported to do their job well. We saw records that any areas of concerns were addressed.

The service carried out an annual satisfaction survey and held monthly meetings where people could give feedback relating to the service. People who used the service told us they were asked about the service provided and completed annual surveys to give feedback. We saw that most of the comments on the survey were positive.

Staff were aware of the incident reporting process and escalated any concerns to the deputy manager or registered manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant that the CQC were able to monitor that appropriate action had been taken.

The service worked in partnership with other agencies and health professionals. Staff said they had good working relationships with GP practices and community mental health teams.

We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. This included monthly audits of the environmental health and safety. There were systems of daily and monthly checks to ensure people's safety.