

## Hartfield House Rest Home Limited

# Hartfield House Rest Home

### Inspection report

5 Hartfield Road  
Eastbourne  
East Sussex  
Tel: 01323 731322  
Website: [www.hartfieldhouse.co.uk](http://www.hartfieldhouse.co.uk)

Date of inspection visit: 2 and 3 November 2015  
Date of publication: 30/12/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Hartfield House Rest Home provides accommodation for up to 20 older people. There were 14 people living at the home at the time of the inspection. People required a range of care and support. Some people lived independent lives but required support for example with personal care and moving and walking safely. People were able to stay at the home for short periods of time on respite care or can choose to live at the home permanently. Staff provided end of life care with support from the community health care professionals but usually cared for people who needed prompting and minimal personal care support. People spoke well of the home and the staff. They told us they were happy living there.

There was currently no registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission (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. There was a manager in post who was in the process of registering with CQC to become a registered manager; they were also the registered person. The owner visited the home most days to support the manager and staff.

# Summary of findings

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 2 and 3 November 2015.

Staff knew people well and had a good understanding of people's individual needs and choices however risks were not always safely managed and care plans did not reflect the care and support people. Individual risk assessments to maintain people's health, safety and well-being were not in place for everyone. Nutritional assessments did not always contain information staff needed to support people.

People's medicines were not always managed safely. There was no guidance for 'as required' medicines.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff working at Hartfield House to meet people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards however;

there was no information about how people were able to make choices or decisions. Staff had a good understanding of abuse and how to protect people from the risks associated with abuse.

People were given choice about what they wanted to eat and drink and received food that they enjoyed. They were supported to maintain good health and had access to on-going healthcare support.

People were encouraged to make their own choices and maintain their independence. They and had their privacy and dignity respected and were complimentary about the staff who looked after them. People told us they did not have any complaints but would be happy to discuss them with the staff if they did.

The owner and manager were seen as approachable and supportive and took an active role in the day to day running of the home.

There were a number of breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

Hartfield House was not consistently safe.

Risks were not always safely managed. Individual risk assessments to maintain people's health, safety and well-being were not in place for everyone. Although staff knew people well this potentially placed people at risk.

People's medicines were not always managed safely. There was no guidance for 'as required' medicines.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Staff had a good understanding of abuse and how to protect people from the risks.

Requires improvement



### Is the service effective?

Hartfield House was not consistently effective.

Staff received ongoing training and support to meet people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards however, there was no information about how people were able to make choices or decisions.

People were given choice about what they wanted to eat and drink and received food that they enjoyed. However, nutritional assessments did not always contain information staff needed to support people.

People were supported to maintain good health and had access to on-going healthcare support.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them.

People were positive about the care they received.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



### Is the service responsive?

Hartfield House was responsive.

People received care and support that was responsive to their needs because staff knew them well.

Good



# Summary of findings

A complaints policy was in place and complaints were handled appropriately.  
People told us they did not have any complaints but would be happy to discuss with the staff if they did.

## Is the service well-led?

Hartfield House was not consistently well led.

There was not an effective system in place to assess the quality of the service provided.

People and staff spoke highly of the manager and the owner. There was a positive, open culture at the home and staff felt well supported.

**Requires improvement**



# Hartfield House Rest 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 was an unannounced inspection on 2 and 3 November 2015. It was undertaken by an 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 provider 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 information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records, staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at seven care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with seven people who lived at the home, four visiting relatives, and eight staff members including the manager. We also spoke with three visiting healthcare professionals. We also spoke with the owner who was present throughout the inspection.

We met with people who lived at Hartfield House; we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals.

# Is the service safe?

## Our findings

People told us Hartfield House was a safe place to live. One person said, “You feel safe because there are no dangerous places or pitfalls.” Another person said, “Everything is well organised.” They said staff knew all about their care needs because they had worked at the home for a long time. They told us staff looked after them well.

Although people told us they felt safe at the home we found that people were not always protected against the risks associated with the unsafe management of medicines. Some medicines were ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. We saw PRN medication was routinely administered and staff did not ask people if the medicine was needed. For example people were not asked if they were in pain before being given pain killers. There were no individual protocols to document why people had been prescribed these medicines. There was no information about when it may be given, any contra-indications with existing prescribed drugs or what to do if the medicine was not effective. Medicine administration record (MAR) charts had not always been completed when PRN medicines had been administered to show why the medicine was required and whether it had been effective. The medicine policy did not include guidance about the use of PRN medicines. Staff knew people and their needs well so understood when these medicines were required. However, there was no guidance in place to ensure consistency and did not protect people from the unnecessary or inappropriate use of medicines. Some people required skin creams. We found the cream application charts had not always been fully completed to show each occasion when prescribed creams were used.

We saw medicines were stored and disposed of safely. Some people had health needs which required varying doses of medicine related to the specific test results. We saw people received these medicines as prescribed. There was information in people’s care plans about the medicines they were taking and the reasons why. This helped staff to understand about the medicines people were taking.

There were a range of risk assessments in place. These contained information about how staff could support people to move around safely. For example people may be able to walk independently or with the use of a walking aid,

but may need assistance to use the bath. However, not all risks had been identified and where some risks had been identified there was insufficient information to guide staff. For example risk assessments identified some people were at risk of developing pressure sores. There was no guidance to inform staff what actions to take to prevent pressure sores. Where people had pressure relieving air mattresses in place there was no guidance to show what the correct setting should be or whether staff checked to ensure they were properly inflated. Some people had health related conditions such as diabetes and epilepsy, there was no guidance in place to inform staff how to look after people in relation to these conditions. Some people were self-medicating, although staff told us how they supported people to remain independent there was no guidance or risk assessments to support staff or to ensure consistency.

When people moved into the home there were “short term” care plans in place. We were told these were developed as staff got to know people and if people decided to stay at the home permanently. These did not always include risk assessments for example in relation to mobility or falls risks. The personal emergency evacuation plans (PEEPs) were not in place for people new to the home. These are to ensure staff and emergency services are aware of people’s individual needs and the assistance required in event of an emergency evacuation. We asked staff about the care and support people needed and the risks associated with their care. Staff had a good understanding of what individuals needed and how this was provided. They identified people at risk of developing pressure sores and told us about the steps they took to prevent them. There was information in the daily notes about how staff had encouraged one person to change their position and talk short walks regularly throughout the day. Although people were protected because staff knew them well the lack of guidance meant the provider could not be sure staff were aware of all the risks. This meant people were at risk of not receiving consistent and safe care. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular health and safety checks were in place and these included water temperature and fire safety checks including fire drills. We saw all staff had received fire safety training. There was regular servicing for gas, electrical

## Is the service safe?

installations, the passenger lift, hoists and bath hoists. Day to day maintenance was recorded and signed when completed. Environmental risk assessments were in place and had been reviewed regularly.

Staff received training on safeguarding adults and they knew who to contact if they needed to report abuse. They told us how they would respond to allegations or suspicions of abuse. They confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. They knew how to contact number the local authority to report abuse or to gain any advice. We saw any concerns had been referred appropriately.

People and staff told us there were enough staff to look after people. In addition to the manager there were three

care staff during the day and two at night. There was also a cook and two housekeepers. The owner was at the home most days and took people out for example to health appointments or shopping. Any absences were covered by the staff and there was no use of agency staff. Staff told us they were happy to cover for colleagues and were able to refuse if they wished. The manager was aware of people's individual needs and if these increased extra staff worked to ensure people received the support they needed. During the inspection we observed call bells were answered promptly. People were protected, as far as possible, by a safe recruitment practice. Records included application forms, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults.

# Is the service effective?

## Our findings

People told us food was, “Excellent, nourishing and well presented.” They told us they had “Plenty of choices,” and if they didn’t like what was offered they could always ask for an alternative. One person said, ““If you don’t like anything they will make you an omelette.” People told us they could see their GP’s whenever they wanted to.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had received training and understood its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. However, there was no information in people’s care plans about their mental capacity, if they were able to make decisions or where they required support to help them make decisions. This is an area that needs to be improved.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Providers must make an application to the local authority when it is in a person’s best interests to deprive them of their liberty in order to keep them safe from harm. There was no-one living at the home who required a DoLS authorisations.

Nutritional assessments were in place to identify where people may be a risk of malnutrition or dehydration but these did not always include information to enable staff to support people appropriately. For example one person had lost a stone in weight during the last year and staff told us this person was pleased as they were trying to lose weight. However, there was no information to show they were trying to lose weight and no guidance in place for staff to support this person. People were not always weighed when they moved into the home therefore staff could not be sure people were the correct weight for their height as their body mass index (BMI) had not been recorded. When people were weighed losses and gains were recorded but their body mass index (BMI) was not. This could leave people at risk of malnutrition as their needs may not be identified. This is an area that needs to be improved.

Staff had identified one person had not been eating and drinking sufficiently, we saw this person had been referred to the dietician and staff were monitoring how much they were eating and drinking. From people’s records we saw people were referred to dieticians and speech and language therapists through their GP’s as needed.

Lunchtime was a relaxed and sociable occasion. The dining tables were attractively set with napkins and condiments available for people to use. Drinks were served with the meal There was a choice of meals but if neither was wanted, the cook provided an alternative such as an omelette. The food was freshly cooked, well presented and plentiful. The cook and staff had a good knowledge of people’s dietary needs, choices, likes and dislikes.

During the day hot and cold drinks served regularly and staff checked there were cold drinks available at all times. People told us they were able to ask for a cup of tea at any time, one person said, “Afternoon tea is a pleasant occasion, all the cakes are homemade.” People were able to eat their meals independently however staff told us how they would support people and specialist equipment was available if this was required.

Staff received ongoing training and support. We saw training was ongoing with further training and updates booked. Staff told us they received training which included safeguarding, moving and handling and first aid. In addition staff who administered medicines had received medicine training.

There was an induction programme in place. This included an orientation day where staff were introduced to the day to day running of the home, they then completed training related to the care certificate to support the induction process. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction programme provided them with a good understanding of the support people needed.

The manager had introduced a new supervision format which covered different aspects of care. For example, verbal communication skills and performance aspects such as attendance and timekeeping. Supervision also identified and addressed any training requirements.



## Is the service effective?

People were supported to maintain good health and received on-going healthcare support. They told us they could see the GP when they wanted to. Records confirmed that staff liaised with a wide variety of health care professionals who were accessed regularly. This included the community nurse, GP and chiropodist. Healthcare

professionals we spoke with told us staff provided good care to people and referred people to them appropriately. They acted on the advice given. This meant people received care and treatment from the appropriate healthcare professionals.

# Is the service caring?

## Our findings

People told us they were happy at the home. One person said, "It's good to live here because it is a friendly place." Someone else said, "I am never lonely because there are so many people to talk to and care for you." People said staff were caring and kind. Comments included, "They treat me like a member of the family," and "The Staff want you to be comfortable."

Staff knew people well and treated them as individuals; they were able to tell us about their choices, personal histories and interests. People were involved in decisions about their day to day care and support and were able to decide what care and support they required. For example people were able to get up when they chose and spend the day where they liked. Some people liked to spend time in their bedrooms and others preferred to engage with others in the lounge. We observed people were free to move around the home as and when they chose. People had developed friendship groups and enjoyed spending time together.

There was a friendly and relaxed atmosphere at the home and staff were caring, sensitive and calm. They treated people with kindness and respect. One person told us, "Staff look in two or three times in the night and whisper, "Are you alright, if you answer they know you are not sleeping and re-assure you." When staff supported people they did so with patience and worked at the person's own pace. We saw staff had time to talk to people. People told us that staff listened and liked to talk to them. One person said, "We discuss our families and theirs, it is very friendly." When staff walked past people they acknowledged them, and stopped for a chat. They were interested in people, their families and what they were doing. We observed conversations and interactions that were kind, considerate and professional. Staff spent time with people who were unwell and ensured they were comfortable.

Staff prompted and encouraged people to retain and increase their independence. We observed staff supporting someone who was anxious, they spent time talking to the person, offering choices and information to enable them to make a decision. They then discussed ideas with the person to enable them to make independent choices in the future. Staff had enabled another person to re-kindle their interest in a previous hobby which they had been unable to take part in due to a physical disability.

Staff told us they supported people to maintain their dignity by offering choices, supporting them to maintain their independence and asking them what they would like to do. Staff maintained people's privacy and dignity and people were able to spend time in private in their bedrooms as they chose. One person said they needed help using the phone. They told us, "Staff get the number and leave me with privacy to have the conversation; they can't do enough for you." Bedroom doors and curtains were kept closed when people received support from staff and we observed staff knocked on doors before entering and called people by their preferred name. Bedrooms had been personalised with people's own belongings such as photographs and ornaments.

Visitors told us they were always welcomed at any time and included in discussions about people's care needs. One visitor told us staff, "always offer refreshments and I never feel in the way." We observed staff chatting to visitors as they came into the home and it was clear they knew each other well.

Healthcare professionals told us staff were, "Very caring," and knew people very well. One healthcare professional told us people received the care they needed and added they would be happy for their relative to live at the home.

# Is the service responsive?

## Our findings

People told us they received care and support that met their needs and was personalised to their individual choices and preferences. They told us they were able to choose how they spent their day. People told us they were able to choose whether they spent time in their room or joined others in the lounge. They said they were involved in decisions about their day to day care. People said they had not seen a care plan but they and their families were asked, "Lots of questions about their care" before they moved into the home. One told us, "The manager came to my home to find out about me." Visitors told us they were able to talk about their relatives care at any time.

People received care which was personalised to reflect their needs and wishes because staff knew them well. People told us and we observed they were able to do whatever they wished during the day. We saw people getting up at times that suited them and spending time where they chose. Staff were updated about people's ongoing and changing needs at a daily handover and throughout the day. Staff told us communication was important to ensure people received the care they required.

Care records showed that when possible people were involved in the initial care plan. The care and support plans contained information about the needs of the individual. For example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and moving and handling had been completed. There was information about people's past interests or hobbies in their care plans and we saw staff supported people to maintain these interests. For example one person enjoyed crosswords the care plan informed staff to help this person with their crosswords. People told us they were able to go out, some required support and this was arranged for them with the staff or the owner.

There was an activities programme in place which people were able to join in with if they chose. Other people chose not to join in but told us they were happy in their own rooms and had enough to do. Staff told us they reminded people about activities they could join in with. One staff member said, "I know people choose to stay in their room but I don't like the thought of them being isolated, I like to remind them what's going on." A number of people at the home enjoyed knitting and crocheting. They were working together to create blankets which would be donated to charity. We saw this was a social occasion and people had taught staff to knit.

One person told us they enjoyed reading their books and another person was encouraged to continue with their art hobbies. People told us if they wanted to go out they were able to do this we saw one person had gone out on their own during the inspection. They told staff when and where they were going so staff knew their whereabouts. Other people required support to go out and we were told this was arranged with the staff or the owner. One person told us, "They take me across the road in a wheelchair because it is dangerous, but then I can walk in the lovely park opposite." Another said, "I am never lonely because there are so many people to talk to and care for you." People told us their spiritual needs were met. Some enjoyed visits from a Church group and a priest attended individuals if they wished and for example gave communion.

There was a complaints policy at the home. People and visitors said they did not have any complaints at the time. One person said, "I have not had an occasion to complain." They said they were always able to speak to the registered manager or any staff if they had any concerns. They told us they were listened to and any worries were taken seriously and addressed. Staff told us any issues raised were addressed immediately to prevent them becoming formal complaints.

# Is the service well-led?

## Our findings

People told us the home was well run. They told us staff were approachable. One person said, “Staff are all brilliant here they make us feel that this is home from home.” Another told us, “Staff want us to be comfortable,” and “Everything is well organised.” People told us the owner and manager were approachable. We were told, “The Owner and manager are very good.” Staff told us they enjoyed working at the home and were well supported.

There was currently no registered manager at the home. The previous registered manager left the home and de-registered with CQC in July 2015. A registered manager is a person who has registered with the Care Quality Commission (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. There was a manager in post who was in the process of registering with CQC to become a registered manager; they were also the registered person. The owner visited the home most days to support the manager and staff.

There were systems in place for monitoring the management and quality of the home but these were not always effective and there was a lack of guidance for staff to ensure consistency and evidence the care provided. Areas of concern highlighted during the inspection had not been identified within any of the service’s quality monitoring processes.

There were no care plan audits and no recent medicine audit in place to identify the shortfalls we found. For example in relation to the lack of risk assessments, information related to people’s health conditions had not been accurately reflected in their care plans such as the management of epilepsy and diabetes and in relation to maintaining people’s skin integrity.

Care plans were not personalised and lacked detail of how to manage and provide care for people’s individual needs. Reviews took place but information from the reviews was not always used to update people’s care plans and some reviews had not taken place recently. One person had a catheter in place and although staff knew how to provide appropriate care there was no guidance in place. There were food and fluid charts in place although these had

been completed there was no information in the care plans to inform staff why they were required or that they needed to complete these forms. There was no guidance in place to inform staff what actions to take if for example people were not drinking enough fluids. There was some information about people’s past interests or hobbies but there was no information about how staff supported people to maintain these interests.

Daily notes were inconsistent and did not always include details about people’s mood or what they had done during the day. Night records were not recorded in people’s individual care plans but rather documented on a night log sheet. This included when checks had taken place and whether the person required any care however recording information in this way it did not ensure people’s information was stored confidentially.

The manager had identified there had been a number of unwitnessed falls at the home. An audit of the six months January to June 2015 identified a number of falls related to one person (of which the manager was already aware) but no other themes or trends. The manager planned to undertake a further audit in December 2015 however this meant that any themes or trends would not be identified and addressed in a timely way. When people had fallen information about actions taken to prevent a reoccurrence was not always recorded.

The issues above meant that the people were not always protected against risks associated with unsafe treatment by the quality assurance systems in place. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had completed a PIR in July 2015 which identified some areas where improvement was required for example improving end of life care plans and better documentation in relation to people’s views on the activities provided and work had started in relation to these.

There were regular resident meetings and we saw the minutes from these. The residents meeting in July 2015 identified people would like to have a barbeque and we saw this had taken place and people told us they had enjoyed themselves. There were systems in place to gather people’s feedback about the service. This included satisfaction surveys from residents and relatives. Feedback was also gained through resident meetings and informally

## Is the service well-led?

throughout the day. Feedback showed people were happy with the care and support they received. Although some people had commented on the feedback there were no areas identified as needing improvement. Questionnaires were completed following people being admitted to the home, these had not identified any concerns.

The manager and owner worked at the home most days and we were told their focus was to ensure, care was focused on the individual needs and welfare of each person. They promoted an open inclusive culture and their aim to ensure that everyone was happy and looked upon the Hartfield House as their home.

Staff told us they were well supported, they said meetings took place and they received regular supervision. One staff member told us Hartfield House was, "The best care home I've worked in." All staff told us they appreciated the support, expertise and consideration of the management. One staff member said they felt "Valued" by everyone. Another staff member said, "We are well supported by management and have always felt we are valued members of a team."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured people's safety by assessing the risks to their health and safety when receiving care or treatment.

People were not protected against the risks associated with the unsafe use and management of medicines.

Regulation 12(1)(2)(a)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People's personal records were not accurate and up to date.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

Regulation 17(1)(2)(a)(b)(c)(f)