

R.Hart Care Limited

# Hart View

## 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 View on the 30 September 2015.

The service provides accommodation and support for up to eight people with mental health issues. There were seven people living at the service at the time of our inspection.

The service had a registered manager in post. 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

# Summary of findings

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where

appropriate, support and guidance was sought from health care professionals, including people's G.Ps, psychiatrists and community mental health professionals.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including using questionnaires and by holding meetings with people, staff and talking with relatives.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available to meet people's needs.

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs.

There were varied activities to support people's social, employment and well-being needs. People were supported to access meaningful activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Hart View

## 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 inspection took place on the 30 September 2015 and was unannounced.

The inspection team consisted of three inspectors.

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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people, the manager, deputy manager, and two care staff. We reviewed five care files, four staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "I feel safe here, and my belongings are safe." Another person said, "I feel safe here, I have my own key to my room and for the front door."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I have received training in safeguarding it's about protecting vulnerable people and helping them if in any danger and reporting to management." Another member of staff told us, "It's the most important part of my job making sure residents are safe, and making sure they know what abuse is." The manager had a folder in the main lounge for staff and people to access explaining about safeguarding and how to keep people safe, it also contained helpline phone numbers people could call external to the service for advice and help. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, "If I had any concerns I would contact the local safeguarding team to investigate as that's their job." The manager had reported any safeguarding concerns to the local authority and CQC appropriately to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the community, environmental risks and risks to people who could become anxious and distressed. One member of staff said, "We encourage people to be independent with daily tasks and support them where needed." Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks, such as with having cleaning products in their room.

Staff were trained in first aid and had recently completed a refresher course for first aid at work, if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the

service. For day to day maintenance at the service the provider employed a maintenance person for staff to contact. Should there be an environmental emergency staff had contact numbers to call, for example for plumbers or electricians. The manager had in addition put together an emergency contingency folder, which was a 'quick grab' resource containing relevant information should the service need to be evacuated.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual rehabilitation programs and access to the community. Staff told us that if they needed additional staff this was provided from bank staff, agency or by using staff from another service. Throughout the day there were two staff on duty to support people, at night there was one sleep-in member of staff and one awake. The manager told us in addition to this the deputy manager worked two days supernumerary to complete management tasks and the manager was also not included within the staffing numbers. One person told us, "There is always staff around to talk to, and they intervene very quickly if needed."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The deputy manager told us they had recently recruited a new support worker and had recruited new staff to their bank system earlier in the year.

People received their medications as prescribed. The service encouraged people to be independent with their medication and had processes in place to support people, dependent on their needs. The service had a system where people were supported through three different stages from stage one where staff ordered, stored and dispensed their medication, to stage three where people could order their own medication, stored it themselves and took it as prescribed independently. One person told us, "I do all my medication myself." Another person said, "I go to staff and tell them when I need my medication."

Senior staff who had received training in medication administration and management dispensed the medication to people or supervised people dispense their own medication. We reviewed medication administration

## Is the service safe?

records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. The service

had systems in place for the correct storage, ordering and disposal of medication and carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. The manager told us that they had recently changed their training provider and staff were currently being updated using the new training system. In addition to this they also received training provided by the local authority. One member of staff said, “I am currently completing an NVQ level 3 and have just done my mental health training.” The national vocational qualification (NVQ) is a nationally recognised course staff can complete in health and social care to give them the knowledge and skills to perform their role. One person told us, “Staff seem to have the right training, they are good at helping.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they spent time reading policies and getting to know the people they would be supporting. They then completed their training by ‘shadowing’ more experienced staff. One member of staff said, “You are shown a lot on induction, and you learn through experience.” Another member of staff said, “I think the staff are very good with new staff, very thorough.” The manager was enrolling new staff into completing the new ‘Care certificate’. This enabled staff that were new to care to gain the knowledge and skills to support them within their role.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. One member of staff said, “We support people to achieve their goals.” For example being able to live more independently. People at the

service had capacity to make decisions. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities; however there was currently nobody at the service who required a DoLS assessment. This told us people’s rights were protected.

People had enough to eat and drink. Staff supported people to be independent with the preparation of their food. People were allocated a weekly budget to buy their own food. Staff offered support by planning menus and helping people manage their budget, also if required staff went shopping with them or supported them to shop on-line. People had their own allocated space in the kitchen cupboards which they could lock, and shared fridges and freezers to store their bought food items. Staff told us they supported people to make healthy and nutritional food choices by discussing the benefits of healthy food choices with them. One person who had been trying to lose weight told us, “I have just started a cooking course.” Another person told us, “I can cook my own meals, I cook lasagne and fajitas.” They also said, “On Sundays we all have dinner together.”

Throughout the day we saw people helped themselves to drinks, snacks and meals independently.

In the afternoon we saw a person being supported to make a cake with a member of staff.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as the community mental health nurse, psychiatrists, and GPs. One person told us, “If I need to see the GP I just make an appointment myself or I can ask the staff to do it.” Another person said, “I saw my GP two weeks ago just to see how I was doing.”

# Is the service caring?

## Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said that, "I feel happy here." Another person said, "I get on well with all the staff."

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversation and exchanges about people's well-being and how they planned to spend their day. A member of staff told us, "It can take time to build relationships." And, "We can give a lot of 1:1 time with people."

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People spoke fondly of their key workers, one person said, "Once a month, [staff name] sits down with me and goes through my care plan, they have just helped me start a ceramics course." We saw from records that key workers met with people at least weekly to discuss their support needs and to review how they were progressing.

People told us that staff respected their privacy and dignity. One person said, "All staff are respectful, they knock on my door when I am in my room never just come in." Another

person said, "I would go to anyone of them if I had a problem, they all treat you with respect." One member of staff said, "I like to treat people as I would like to be treated." People felt they had enough independence at the service, one person said, "I have enough freedom here." We noted from minutes of resident meetings people were asked to be respectful of each other if returning to the service late and to consider noise levels.

People's diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community. One person had individual religious support coming into the service, whilst others preferred to attend as a group to a local church.

People were supported and encouraged to maintain relationships with their friends and family, this included visits home and into the community. We were told that one person was currently abroad on holiday with their family. One person said, "I have just been home for five days with my mum." Another person said, "I like to visit my grandparents every week."

The service was spacious with plenty of room for people to receive visitors. There was also a separate lounge where people could entertain their visitors if they wished in private.



# Is the service responsive?

## Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager met with people, their relatives and other health professionals to assess if the service would benefit their continued rehabilitation. People and their relatives were then encouraged to spend time at the service to see if it was suitable and if they would like to live there. A support plan was then agreed and put into place ready for when people moved to the service. Staff had an opportunity to meet with people and get to know their support needs prior to them coming to the service. Staff said they aimed to help people feel relaxed when coming to the service so had lots of 'informal chats' to get to know them.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication, likes, dislikes and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. People we spoke with said they had been involved in their support plan and had copies of it. One person said, "[staff name] goes through my care plan every month." However staff said that some people preferred not to go through their care plans and would ask staff to do this without them. We saw from records that people's comments were recorded on their care plan each month when their support needs

were discussed with their key worker. The support plan was regularly updated with relevant information if a person's care needs changed. This told us that the care provided by staff was up to date and remained relevant to people's needs.

People were very active and enjoyed varied pastimes that were meaningful to them. One person told us, "I like to go fishing and to visit my family." Staff told us that two people liked to go fishing together and sometimes were joined by a relative as well. Another person told us, "I like to go to college and have done a Maths and English course." People were supported to gain work experience in the community. One person told us, "I have been at work this morning at 'growing together,' I cleared a load of bushes this morning." The manager told us that 'growing together' is a community project where people can gain work experience and attend social groups. Another person told us how they worked in a charity shop sorting through donated clothing and bric-a-brac for resale. People were very enthusiastic about the work they were doing and it was apparent this was benefitting their general well-being and self-esteem.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People were confident they could raise any concerns with the manager or staff. One person told us, "I complained about post going missing, so the manager got a post box with a lock on it to stop this happening." Another person said, "If I had any complaints I would speak to [manager name], but I haven't it's all good here."

# Is the service well-led?

## Our findings

The service had a registered manager in place and the manager and deputy manager were very visible within the service. Staff shared the same vision as the manager which was, to enable people to develop skills to become as independent as possible. One member of staff told us, “We aim to support people to have a more independent lifestyle and to have insight into their needs.”

Staff had regular supervision and team meetings. One member of staff told us, “I am very well supported; the manager makes time for supervisions to discuss any concerns.” Another member of staff said, “In between supervisions I can always talk to the manager, they always make time.” Staff said they had regular meetings and would discuss any issues within the service or any ideas they had for improving the service. Staff also had handover meetings between each shift and used a communication book to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were very complimentary of the staff and the manager of the service. Comments included, “I get on with [manager name] very well.” Another person said, “Its good here, [manager name] is really helpful, always has time to listen and talk to you.”

People were actively involved in improving the service they received. The manager gathered people’s views on the

service not only through regular meetings each month, but on a daily basis through their interactions with people. We saw from minutes of the meetings that people discussed all aspects of living together and getting along as a community. The manager also gathered feedback on the service through the use of questionnaires. They used information from these questionnaires to see if any improvements or changes were needed at the service. One person told us, “I don’t reckon there is anything to improve, it’s alright here.” This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people’s care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.