

Hardwick Care Group LLP

Hardwick House Retirement Home

Inspection report

6 Hardwick Road
Eastbourne
East Sussex
BN21 4NY

Tel: 01323721230
Website: www.hardwick-house.com

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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

Hardwick House provides care and accommodation for up to 19 older people with care needs associated with older age. There were 14 people living at the service on the day of our inspection. Hardwick House is an adapted building in a residential area of Eastbourne with a passenger lift and access to outside areas.

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

People lived in an open, friendly, family atmosphere where they felt safe and well cared for. People had good relationships with staff and other people living at Hardwick House. During the inspection we saw people engaging happily with laughter and good-humoured banter.

People received care and support from staff who knew them well. Staff were trained and competent in their roles and monitored people's health and wellbeing. When needed, referrals were made to other healthcare professionals. Staff responded to advice given to ensure people received the care they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had a high level of independence and made choices about their care and support, what they did each day and how they spent their time.

People were supported to maintain relationships that were important to them. People socialised together during meals and activities. Relationships with family and friends were supported and encouraged. People were able to take part in activities and follow their interests. People enjoyed a variety of activities, trips out and social events.

People lived in a home which was well managed and had systems to monitor standards of care and ensure on-going improvements. People told us the registered manager/provider and all staff were open, honest and approachable and they could raise any issues with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 4 April 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Is the service effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well led

Hardwick House Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Hardwick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was an unannounced comprehensive inspection. The inspection was carried out on 1 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required

to tell us about by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people living at Hardwick House, one relative. We met and spoke to five members of staff, including the provider/registered manager and care staff.

We looked at a range of care records, including three people's care plans and associated documentation.

We reviewed daily records, looked at people's medicine administration records (MAR) charts. We reviewed two staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

After the inspection

We received feedback from two further relatives. Looked at meeting minutes, rotas and quality assurance surveys provided by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safe. All staff had attended safeguarding training and were able to tell us the actions they would take if they felt anyone was at risk.
- People told us they felt safe living at the home and relatives confirmed staff provided a safe environment for people. One told us, "I have absolutely no concerns, they look after them so well. It's a safe environment for them and staff put people's safety first."
- The registered manager/provider had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had a high level of independence. Risk assessments had been completed for identified risks to promote their safety. For example, three people looked after and took their medicines without staff assistance and some people were independent with washing and dressing whilst others needed some support from staff.
- One person had been assessed by a speech and language therapist (SALT) and recommendations made in relation to their nutrition. This person had full capacity to understand any risk this presented, and they had signed a disclaimer regarding how they chose to eat.
- People who had previously had falls, had falls risk assessments completed to prevent these reoccurring.
- People lived in a home which was maintained to a safe level. Regular checks were carried on the environment and equipment to minimise risks to people. People had personal evacuation plans in place in case they needed to leave the home in an emergency.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, when an incident had occurred, a person's falls risk assessment had been reviewed to ensure any associated risks were identified.

Staffing and recruitment

- Staffing was consistent, with a number of staff having worked at Hardwick House for a number of years. We found photographic identification records were not recorded in files for staff who had worked at the home for a long time. However, for newly recruited staff, copies of photographic identification were in place. The registered manager/provider assured us that identification had been seen for all staff and they would ensure copies of these were placed into staff files.
- There were enough staff working at the service to ensure people received the care and support they needed. People told us, "I only have to ring my bell and the staff are here, day or night, never have to wait long." And, "Always someone around if you need them."

- Staff confirmed that staffing levels were appropriate to meet people's needs and if more staff were needed, for example if someone became unwell and needed more support, this was facilitated by the registered manager/provider.
- The provider had systems in place to ensure people recruited were suitable to work in a care environment, this included Disclosure and Barring Service (criminal record) checks being completed before a person could start work at the service.

Using medicines safely

- Medicines were provided safely. There were systems in place for ordering, storing, administration and disposal of medicines. Each person had a locked medicine cabinet in their bedroom. For those people who looked after their own medicines a key had been provided for their use.
- People told us they received their medicines on time. One said, "The staff come in and give me my tablets at the time I expect them too. They are very good."
- Each person had a medicine administration record (MAR) chart, which was completed each time medicines were given. MAR folders included 'as required' (PRN) medicine protocols. PRN medicines are those taken when they are needed, for example when a person is in pain.
- Medicines audits were completed, and the service had worked with the medicines optimisation team to ensure practices were up to date and safe.

Preventing and controlling infection

- People lived in a clean and fresh environment. People and relatives all spoke highly regarding the cleanliness around the home. One told us "They come in and Hoover my room, change my bed when I need it, and keep my little bathroom nice and clean."
- Staff received training in good infection control practices. There were appropriate hand washing facilities and staff had access to personal protective equipment such as disposable gloves and aprons. Regular legionella checks were completed by an external company to prevent risk of water borne infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the home, a pre-assessment was completed to determine whether the home could meet people's needs.
- Hardwick House provided care and support to people with low care needs. The registered manager/provider was clear on the client group whose needs could be safely met at the home. They did not provide lifting hoists, so people were required to have adequate levels of mobility to enable them to get around the home safely. Some people used walking aids, bath seats and walking sticks. Staff were seen offering verbal support for people and assisting those with a visual impairment to orientate themselves to their surroundings.
- Regular reviews were completed to ensure people's outcomes were being met. A consistent staffing group meant staff knew people well and understood their needs and preferences. When new people had moved into the home, staff had taken the time to build their trust and make them feel comfortable in their new surroundings.
- Staff ensured they supported people's independence and encouraged them to be as involved in their care as much as possible. Staff had a good relationship with people. We saw people interacting openly with staff and responding warmly when staff spoke to them. Relatives told us the atmosphere was always warm, open and friendly.

Staff support: induction, training, skills and experience

- Staff told us they received all the training they needed to be able to meet people's needs and people and relatives confirmed that staff understood people's needs and provided good care.
- Staff felt assured that if they identified a training need this would be accommodated by the registered manager. For example, some care staff had completed extra training in areas they had requested. These included pressure area care, sepsis, recording information and continence.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences. People told us staff always provided a high level of care. A relative said, "I cannot praise the manager and staff highly enough, they take very good care of people."

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke highly of the meals provided at Hardwick House. People told us, "Oh the food it's really really good." And, "Meals as much as you want, good quality, even offer a cooked breakfast if you want it."
- Lunchtime was a pleasant dining experience for people. Tables were set with cloth napkins and condiments. A three course lunch was provided, and we saw that people ate well. People were able to make

choices about the food they ate with a main choice and alternatives available. Some people had a glass of wine or sherry with their lunch whilst others chose a soft drink to accompany their meal.

- One person told us how they did not fancy anything on the menu the previous day, so the cook had made them a very nice omelette and salad. Relatives told us they were welcome to stay for meals and when they had done so the food provided had been lovely.
- Staff assisted people in a respectful way. Some people chose to eat in their rooms and staff respected their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans showed people's health was monitored. People saw healthcare professionals according to their individual needs. One person told us, "The GP comes if I call them, or I go to the surgery, sometimes I ask staff to make an appointment for me if I need to see someone specific."
- People's on-going healthcare needs were met by staff working together with other professionals. Some people had been seen by community nurses regularly for catheter support or leg care when needed. Staff told us "We pick up any changes in people's health, and call the doctor, nurse or whoever is needed and ask them to visit." On the day of the inspection, we saw that a GP visited to follow up on an on-going health issue for one person. Care plans demonstrated that any advice or treatment prescribed by other healthcare professionals was incorporated into people's daily care and support. For example, when people were prescribed short term medications.

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

- People lived in a homely environment with access to other floors via a passenger lift. People were independently mobile. Some used mobility aids, for example, walking sticks or frames and only needed verbal support from staff to maintain their safety when walking around the home.
- To assist people with a visual impairment, raised signage had been added to the lift panel and the lift spoke the floor level to enable them to continue to use the lift independently. This meant all areas of the building were accessible to people with all levels of mobility. Signage helped people identify and find toilet and bathroom areas independently.
- Each person had their own room, which they could personalise to their own tastes and needs. One person said, "I was able to bring a number of my own things, and [person] put them up for me. I have a few mirrors and furniture bits which I have here, it's nice to have your own familiar things with you, makes it feel like home."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People made decisions about their day to day lives and the care they received. One person told us "I make

my own decisions staff just offer me a little bit of support with day to day jobs. The rest I do myself."

- Due to people's low level of need, no one at Hardwick House had ever required a DoLS. The registered manager/provider had previously taken advice from the local authority regarding one person and their capacity to make decisions regarding their care and had considered whether a DoLS may be required in the future if there were any further changes to their capacity. Care records indicated this person had fluctuating capacity. Although some decision making information had been recorded by the registered manager/provider, we signposted them to MCA and DoLS information provided by the local authority. The registered manager/provider assured us that if any changes to the persons capacity occurred they would ensure adequate MCA information was recorded. The registered manager was aware that before a DoLS application was completed a mental capacity assessment was required to show the rationale behind any decision.
- We discussed with the registered manager/provider that staff would benefit from DoLS training to support any MCA knowledge and to ensure if DoLS authorisations were ever made in the future, staff had the knowledge and information in place to support people appropriately.
- People were asked for their consent and were involved in day to day choices and decisions. We saw people being given choice and involved in decisions throughout the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff told us they enjoyed working at Hardwick House and this promoted a friendly, happy atmosphere where people's needs were priority.
- People lived in a happy, extended family type atmosphere. People had built strong relationships with staff and some had built friendships with other people living at Hardwick House. At lunchtime and during activities it was clear that people enjoyed spending time together. One person told us, "I am a sociable person, I like to have lunch in the dining room, catch up with people, and staff are always around for a chat if you need one."
- Relatives told us that Hardwick House 'had a homely feel' telling us, "It's not nursely, it's like living in a large extended home together."
- People had good relationships with the staff who supported them. One person told us, I came for a bit of respite, my choice, and then I decided to stay staff look after you so well, they are so good to you. I still have my own flat, but I am better off here."
- Staff went beyond providing people with care and support. In their own time one member of staff had sewn wash bags with people's names on them, another had crocheted a blanket for one person to use when they went out, as they used a wheelchair for longer trips. Others had brought pets into the home to cheer people up.

Supporting people to express their views and be involved in making decisions about their care

- People were independent and made choices about how they spent their time. People told us they were able to make decisions about what they did and the care they received. One person said, "I don't need much help, just a bit of support with washing and dressing sometimes. If I need anything I just let staff know, or call my bell, they always pop in regularly to check I'm ok."
- A relative told us, "Mum got a bit anxious about falling at night, so she had asked staff to pop in regularly at night to check she was Ok." This person confirmed staff did this regularly and this made her feel safe and reassured.
- Each person had a care plan which was written in an easy to understand way and people were involved in reviewing their care.
- People's views were sought. Resident and staff meetings took place and questionnaires had been used to gain further feedback. People and relatives told us they could speak to the registered manager/provider or any staff if they had any concerns. One said. "I have no issues but if I did I would most definitely tell someone and I'm sure it would be sorted."

Respecting and promoting people's privacy, dignity and independence

- Each person had a room where they were able to spend time in private if they wished to. People's privacy and independence were respected by staff. People told us they valued their independence and liked to do things for themselves as far as they were able. One person said, "I get up when I want, do my chores I like to do, my day is my own." Another said, "I go to activities if it's something I fancy and I'm not too busy."
- Staff were respectful of people when they assisted them with personal care. One person commented, "They treat you very well. They respect my privacy and dignity."
- People felt valued and respected by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had a high level of independence. Some required support with personal care and health related needs. Each person received personalised care based on their level of need. For example, one person had a catheter and staff assisted them with daily care and support when needed. Another person was independent and only required support from staff when having a bath.
- Care plans provided information about people's care and support needs, preferences, likes and dislikes. People were involved in and understood their care plans.
- Staff knew people well and how they liked to be supported. This also helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines. One person said, "What time I get up depends on what I have planned. I go out to my group most weeks, and with friends. Staff know what I'm doing and help me if I need anything."
- People's care was adapted to meet their changing wishes and needs. When people had become unwell or when they were receiving end of life care, extra staff had been provided to ensure that people's care, and support needs were met.
- No one was currently receiving end of life care. However, this had been provided in the past.
- The registered manager/provider told us previously they had received support from community nurses and other health professionals to support people receiving end of life care.
- People's end of life care wishes, and preferences had been discussed with some people for example, during Do Not Attempt Resuscitation (DNAR) discussions with GPs and some had advanced directives including Proactive Elderly Advanced Care Plan (PEACE) plan completed by the NHS prior to moving into Hardwick House. Although this information was recorded, further details about people's end of life wishes were not completed in all care plans as some people had been reluctant to discuss this. The registered manager told us this was an area that they were looking to develop to ensure information was recorded including who to contact in the event of a person's death and funeral arrangement wishes.
- Whenever possible people would be able to stay at the service until they died, however, the registered manager/provider was aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the person's needs and provide appropriate support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who were hearing and or sight impaired were supported by staff to ensure they were able to access

information.

- All information in the home could be provided in formats which supported people to understand their care and wider issues. For example, the home's newsletter, weekly TV and news guide was available in large print to help people with impaired sight.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained a high level of independence. As well as forging friendships within the home, people went out with relatives, friends and staff. Some regularly went out shopping on their own or attended groups and activities out of the home.

- People had opportunities to take part in organised activities or follow their own interests There was a daily activities programme supported by an activity coordinator, this included arts, crafts, music and quizzes. On days the coordinator was not working, external groups and entertainers came to the home. For example, on the day of the inspection the YMCA attended providing an exercise session for people. One person said, "I like to spend time doing my own thing, but I also pop along to activities provide if it's something I fancy." Another person said, "I do not mind my own company, I keep myself occupied."

- One person particularly enjoyed Strictly Come Dancing and a small group of people had started to watch this together in the main lounge on a Saturday evening. The registered manager/provider had been asked if a larger television could be purchased to enable people to watch and read the subtitles if needed. A large wide screen television had been bought and a person told us, "It's so much better, I can see much more detail now."

- Relationships with family and friends were supported and encouraged, especially those whose family did not live locally. Some people had mobile phones to enable them to speak to family and friends regularly, others had been supported by staff to use the homes computer to Skype video call relatives so that they were able to see them.

- The registered manager/provider told us that one person did not have any family. To prevent them becoming isolated the registered manager/provider had asked a staff member to come in once a week and spend time specifically with this person not as a carer, but to provide companionship. This had a positive impact on the person's well-being and gave them someone they trusted to talk to and spend time with. Other staff provided support in their own time to take people out of the home, for example, on a trip to the seafront.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which people were aware of. People were asked if they were happy with their care and encouraged to raise any issues at resident's meetings.

- No one we spoke to had any complaints, everyone said that they saw the manager most days and could speak to them about anything. Relatives told us they were able to email or contact the registered manager/provider at any time to discuss any concerns they may have. People were confident any concerns raised, would be responded to immediately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear ethos regarding the way care and support was provided at Hardwick House. They told us they wanted a relaxed, homely atmosphere and staff echoed this view. During the inspection we heard a lot of laughter and good humoured banter. One person said, "I've been to other homes and they are not like it is here, this doesn't feel like a care home, just a shared house."
- The registered manager/provider was clear on the atmosphere they wished to create at Hardwick House. They told us, "People's needs come first but we don't want it to feel clinical." To support this the registered manager/provider had recently installed a new call bell system which was a silent alarm system. This meant people could call for help and assistance without others being aware or disturbed. Staff were alerted and could attend to people's needs promptly. Individual medicine cabinets had been installed in people's rooms which meant that a medicine trolley was not needed. This ensured people's privacy when medicines were given.
- Staff were very happy in their jobs which helped to create a family type environment for people to live in. One member of staff said, "I love my job, it's so nice here and everyone cares about the people living here. People's needs are not that high which means you get time to spend with people."
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. Everyone we spoke with told us the registered manager/provider was very open and easy to talk with and available. One relative said, "We live away, but [registered manager] emails and calls us if anything has happened and if we contact her, she gets straight back to us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff demonstrated a clear understanding of their roles and responsibilities and told us they enjoyed working at Hardwick House.
- The provider had systems to monitor standards and ensure people's safety. These systems were able to highlight areas for improvement to promote people's comfort and well-being, such as maintenance requirements, documentation reviews, suggestions for special items to be available on the menu or even activities people would like to have provided. Action plans were produced from the findings and actions completed.
- The registered manager/provider was present at the home for at least five days a week. When they were

not present, for example due to planned leave, the deputy manager took over the day to day responsibilities at the home. On days the registered manager/provider was not at the home a detailed list was provided to ensure covering staff were aware of any checks or actions required to be completed in their absence. This ensured any regular checks and audits were still completed.

- The registered manager/provider spoke to people and staff on a daily basis to ensure standards were met and maintained.
- Staff were well trained and could request any further training they felt would benefit the people they provided care for. Staff told us they had regular supervision sessions provide by the deputy manager and an annual appraisal where they could highlight any learning needs. On days they were not covering for the registered manager/provider, the deputy manager worked as a member of the care team providing care. This meant they were able to monitor standards and be on hand to offer advice, guidance and support. This helped to make sure people were always cared for by staff who understood their needs and could effectively support them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager/provider was very visible in the home and had an excellent knowledge of the people who lived there. This enabled them to constantly seek people's views and ensure the staff worked in accordance with people's preferences and lifestyle choices.
- When people moved into Hardwick House the registered manager/provider had ensured they were given a high level of support to ease the transition. This had included staff assisting people with moving items from their homes, supporting them to make decisions about items they no longer wished to keep and taking things to the charity shop at people's request. Extra measures were taken to ensure people were able to have important belongings in their rooms, including rugs and decorative items that were important to them.
- Staff and resident meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Questionnaires had been given to people and relatives. Previous responses seen included positive feedback.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to people as an individual and people were encouraged to express their individuality, personality and needs.

Working in partnership with others

- Staff at Hardwick House worked in partnership with other services and organisations such as GPs, mental health teams, community nurses and other healthcare professionals involved in people's care.
- Staff sought out appropriate guidance, and advice by health professionals was used to ensure the safety and wellbeing of people was maintained.