

D Roche (Holdings) Limited

# Hartlands Rest Home

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Hartlands Rest Home is a residential home providing accommodation and personal care for up to 21 people aged 60 and over. At the time of the inspection 14 people were living there, some of whom were living with dementia.

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

People were at risk of communicable illnesses as the provider failed to ensure effective infection prevention and control practices were followed.

Repairs and improvements to the physical environment had not been made putting people at the continued risk of harm.

The provider had not introduced effective environmental quality monitoring systems. The provider had failed to introduce an improvement plan which was shared with or known by staff in the home.

The registered manager had introduced checks to ensure people received their medicines as prescribed.

The provider had made changes to the fire safety escape routes meaning people could now safely move to a safe area or exit the building in the event of an emergency. Items hazardous to health were now securely stored.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

The last rating for this service was requires improvement (published 09 March 2023). At our last inspection the provider was in breach of regulations regarding the safety to people and the management. At this inspection the provider is still in breach of these regulations although some improvements have been noted.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

At this inspection we found some improvements had been made. However, the provider was still in breach of regulations.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?**

We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

We will assess all of the key question at the next comprehensive inspection of the service.

**Inspected but not rated**

### **Is the service well-led?**

We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

We will assess all of the key question at the next comprehensive inspection of the service.

**Inspected but not rated**

# Hartlands Rest Home

## Detailed findings

### Background to this inspection

#### Why we inspected

This was a targeted inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Hartlands Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Hartlands Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 5 staff members including the registered manager, deputy manager, maintenance staff, domestic support and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at documents relating to checks completed by the provider and multiple medication administration records.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Staff did not follow best practice when working at Hartlands Rest Home and people did not receive their medicines as prescribed. These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. However, the provider had met the requirements of the warning notice.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The provider had failed to act on previously identified infection prevention and control issues. Doors and high frequency touch points were still untreated, there was exposed plaster and filler on walls and fixtures, chairs and tables which were no longer fit for purpose had not been replaced. These issues hampered effective cleaning techniques putting people at risk of communal illnesses.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. The provider failed to complete regular checks to ensure infections could be safely managed. They failed to ensure items, which could not be effectively cleaned, were replaced or that staff followed effective cleaning processes. This hampered effective cleaning techniques putting people at risk of communal illnesses.
- We were not assured the provider was preventing visitors from catching and spreading infections. The physical environment did not support effective cleaning practices. However, staff completed basic health checks with visitors to ensure they were safe to enter the building.
- We were somewhat assured the provider was meeting shielding and social distancing rules. However, the physical layout of the building did not effectively promote this.

We found no evidence people had been harmed. However, systems and practices were not robust enough to demonstrate infection prevention and control measures were effectively managed. This placed people at risk of harm. These issues constitute a continuous breach of Regulation 12 (Safe Care and Treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection site visit the provider and registered manager completed several tasks including,

but not limited to, the commencement of painting of untreated doors and woodwork, the removal of some dining chairs and some over chair tables, ordering of replacement furniture, replacement of a medicines cupboard and painting of high frequency touch points.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Assessing risk, safety monitoring and management

- The provider had reviewed their fire safety and prevention measures and had removed combination locks from internal fire escape routes. This meant people were able to safely move throughout the building, or exit the building, in the event of an emergency. This was a concern previously reported as part of the warning notice served on the provider and was not met.
- The provider had taken action to ensure substances hazardous to health were secured which minimised the potential of accidental contact with such items.
- Staff demonstrated the safe use of equipment and the need to safely store any equipment when not in use to minimise the risks to people from trips or falls.

#### Using medicines safely

- People received their medicines safely by trained and competent staff. There were guidelines in place directing staff on how to safely support people with their medicines and what to do if an error occurred. This was a concern previously reported as part of the warning notice served on the provider and was not met.
- The registered manager completed regular checks to ensure staff followed safe administration practices and they reviewed medication administration records to identify any gaps in recording. When gaps were identified the registered manager acted to identify whether the gap was an administration error or a recording error. If needed, the registered manager reassessed staff members competency.
- People received medicines which were in date. Staff were aware of medicines disposal dates and knew how to safely dispose of unsuitable medicines.



# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider did not have effective systems in place to monitor and drive good and safe care provision. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider in breach of regulation 17. However, the provider had met the requirements of the warning notice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the commencement of this inspection the provider had not reviewed their systems to monitor the safety of the physical environment within which people lived. They had failed to complete a number of issues raised with them as part of the warning notice. For example, they failed to replace heavily stained chairs and a broken radiator cover. Following the inspection site visit the provider acted to correct issues identified in warning notice and they had met the requirements identified.
- The provider and registered manager had not embedded quality checks to ensure people received safe and good care. The registered manager completed an environmental audit following our inspection site visit. However, this practice needed to be embedded and demonstrated as effective over time.
- The provider could not provide a continuous service improvement plan. Any planned improvements or repairs had not been shared with those managing the home and there was no evidence of risks assessments or priorities for improvements. This put people at the risk of harm from a potentially unsafe physical environment.

Managerial oversight and environmental assessments were not robust enough to demonstrate their quality monitoring was effective. These issues constitute a continues breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visit, the registered manager completed a quality check of the home and identified areas for improvement which they immediately started to address. The provider had identified and employed the services of external professionals to support the environmental improvements needed.

- The registered manager had introduced checks regarding medicines. These checks included the safe administration and storage of medicines.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure the physical environment was safe for people to receive a regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective quality assurance systems in place to identify and drive good care.