

D Roche (Holdings) Limited

Hartlands Rest Home

Inspection report

57 Salop Road
Oswestry
Shropshire
SY11 2RJ

Tel: 01691658088

Date of inspection visit:
22 August 2019

Date of publication:
24 September 2019

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

About the service:

Hartland's Rest Home is a residential care home providing personal and nursing care for up to 21 older people including people living with dementia. The home accommodates people in one two-storey adapted building. At the time of our inspection 20 people were living at the home.

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

People had their needs assessed prior to living at the home. They had person centred care plans that reflected their needs, preferences and routines. Care plans were reviewed regularly with people and their chosen relatives. Staff knew people well and had developed positive relationships with them. People told us that staff were kind and caring. People's privacy and dignity was respected and their independence promoted.

Safe recruitment procedures were in place and staff had all undertaken induction, along with training relevant to their role with refresher updates. There were enough staff to meet people's needs. Staff received support from the management team. The staff and management team worked closely with health and social care professionals and also developed community links.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Medicines policies and procedures were available for staff along with best practice guidance. Emergency procedures and contingency plans were in place. Staff had received infection control training and followed good practice guidelines to minimise the risk of infection being spread.

People participated in activities of their choice within the home and in the local and wider community.

Risks to people had been clearly identified and guidance was in place to ensure that staff could minimise these risks. People were protected from the risk of harm and abuse. Staff felt confident to raise any concerns about abuse and had completed training.

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.

Rating at last inspection

The last rating for this service was good (Published 13 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hartlands Rest Home

Detailed findings

Background to this inspection

The 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 was carried out by one inspector.

Service and service type

Hartland's Rest Home 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 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 professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with two relatives, the registered manager, deputy manager, three care staff and a cook. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence in relation to staff training 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 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

- People told us they felt safe living at the home. One person said; "I feel safe living here, more so than when I lived by myself" and a relative told us; "We have no regrets bringing [Name] to live here, he is settled and we have total peace of mind."
- An up-to-date safeguarding and whistle blowing policy was in place and all staff had completed training and undertook refresher updates.
- Staff told us they felt confident to raise any safeguarding concerns and were able to describe the procedure they would follow.

Assessing risk, safety monitoring and management

- Risk assessments were in place where areas of risk had been identified. These included clear guidance for staff to mitigate or reduce risk.
- Regular safety checks were undertaken on the environment and all equipment used.
- Each person had an up-to-date personal emergency evacuation plan (PEEP). Emergency checks were regularly undertaken and clear emergency procedures and contingency plans were in place should the home need to be evacuated.
- Fire safety checks were completed. The provider had identified some gaps in recording which were being addressed.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were undertaken.
- People were supported by staff that knew them well. Staff had a good understanding of people's individual needs and how to keep them safe.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's needs.

Using medicines safely

- People told us they got their medicines as prescribed. Comments included "I get my tablets [medicines] with my breakfast and before bed" and a relative told us "We feel reassured that [Name] now gets their medicines on time as they used to forget to take them."
- Staff that administered medicines had all completed training and had their competency regularly assessed. Medicines policies and procedures, as well as good practice guidance was available for staff to support their practice.
- Each person had a medicines care plan that detailed their individual medicine requirements. Medicine administration records (MARs) were consistently completed and regularly audited to ensure full completion.

Any areas for development and improvement were identified and promptly actioned.

Preventing and controlling infection

- Infection control procedures were in place and all staff had received training to ensure they maintained a safe and clean environment for people to live in.
- Personal protective equipment (PPE) that included disposable gloves and aprons were readily available for staff to use.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents at the home. These were regularly reviewed by the registered manager to identify any trends or patterns. Analysis was undertaken to identify any risks and to minimise future occurrences.

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

- Systems were in place to assess and regularly review people's needs and wishes in line with best practice.
- People and their relatives had been involved in the assessment and planning of people's care before they moved in to the home. One relative said "We know [Names] care plan is up to date and includes all their specific wishes."
- Care plans reflected people's personal preferences and included clear guidance for staff to follow. One person said "I am a creature of habit. I get up and go to bed at the same time every day and I follow the same routines but this is my choice. Staff know this and respect my wishes."

Staff support: induction, training, skills and experience

- All staff had completed an induction and shadow shifts at the start of their employment. Staff told us the induction and training fully prepared them for their role.
- Staff had all undertaken training to meet the requirements of their role and to meet people's individual needs. Refresher updates were undertaken regularly.
- Staff told us they felt supported and had regular support through supervision. They also attended shift handover meetings at the home to ensure they always had the most up-to-date information.

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

- People were supported to eat and drink in accordance with their personal preferences and assessed dietary needs.
- Staff demonstrated a good understanding of people's individual dietary requirements. Guidance was available for staff within people's individual care plans and risk assessments.
- People commented that the food was generally good. They told us they enjoyed the selection available at breakfast as well as always having a choice at each mealtime. One relative said; "[Name] really enjoys the food and always has a choice given to him" and another relative said "People are always offered cake and fruit during the morning and afternoon along with a drink."
- A juice/hydration station was situated within the lounge area to encourage people to help themselves to a selection of drinks throughout the day to increase hydration. A selection of snacks were also available.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to their own GP and also other healthcare professionals as required. Records were held of healthcare visits to ensure staff held the most up-to-date information to support people. One person said; "It is good that I can keep my own GP, Dentist and Optician, this is really important to me. Staff have supported me to several appointments recently."

- Staff worked closely with external agencies that included the commissioners of the service.

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

- The layout of the building supported people's freedom of movement around the home.
- The home was attractively decorated and signage was in place to aid orientation. People had been involved in the recent redecoration by choosing colours and fabrics.

Supporting people to live healthier lives, access healthcare services and support

- People had access to local advocacy services if required to ensure their views were represented.
- Relatives told us that staff informed them promptly if there were any concerns that related to a person's health or well-being.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the capacity to make specific decisions, systems were in place to ensure they had maximum choice and were supported in the least restrictive way possible.
- When people were deprived of their liberty, the management team worked with the local authority to seek an appropriate lawful authorisation.
- Staff had received MCA training and understood they could not deprive a person of their liberty unless it was legally authorised. Staff described the importance of seeking a person's consent prior to undertaking and care or support.

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, respect and compassion by staff. One person commented; "Staff are alright here, I have a good laugh with them every day. They accept me as I am". Relatives comments included "Staff are kind, caring and approachable", "[Name] is well looked after and cared for" and "All staff are exceptionally wonderful."
- Staff had completed equality and diversity training and understood the importance of treating everyone as equals.
- People told us that staff had a good understanding of their preferences, needs and wishes. They said staff also knew their likes, dislikes and daily routines.

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

- Positive feedback was received at the last resident and relatives survey. 97% responded that staff were courteous and helpful. 97% responded that staff were caring and their privacy was respected.
- People and their chosen relatives told us they were fully involved in all decisions about their care and support. Reviews of people's care took place regularly.
- Staff understood people's individual communication needs and used appropriate methods when communicating with them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us "Everyone's dignity and rights are guarded by staff, which is how it should be."
- Staff ensured people's confidentiality was maintained. personal information was stored securely and only accessed by authorised staff. Information was protected in line with the General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. Staff described how they encouraged people to do as much as possible for themselves.

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

- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences.
- Staff completed a written record of care and support offered and provided throughout the day and night. These records reflected how people's needs had been met.
- People received care and support from staff who were familiar to them. We observed many positive interactions where staff showed their knowledge and understanding of the person and how to meet their needs. People smiled and laughed while interacting and there was singing throughout the day.

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with each person was recorded in their care plan.
- Some staff conversed with people in Welsh as it was their language of choice. People told us this was important to them.

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 could take part in a range of individual and group activities within the home and in the local community.
- Comments from relatives about activities included; "[Name] enjoys the painting activities", "[Name] loves playing dominoes with his friends each day" and "The activity co-ordinator is very good at encouraging people to engage in activities."
- Relatives told us they could visit the home at any time and were actively encouraged to visit regularly to maintain their relationships with the people supported.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure. People and their relatives told us that they felt confident to raise any concerns or complaints. Comments included; "I've no reason to complain as everything is alright" and "If I had any concerns I would see someone there and then" and "When I had a little niggle it was dealt with immediately and I never had to say anything again."

- Complaints were recorded, investigated and responded to in line with the providers policy.

End of life care and support

- People's specific wishes were recorded within their care plan documents.
- Appropriate healthcare professionals were involved in people's end-of-life care plans.
- Staff understood the importance of providing end-of-life care that was specific to each person's needs, wishes and preferences. Staffed described how they supported people to have a comfortable, pain free and dignified death. A recent compliment had been received that stated; 'Such wonderful care given to our dear sister at the end of her life.'

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

- The staff and management team had developed positive relationships with the people they supported and their relatives.
- People received person centred care that was reviewed regularly with their involvement where possible and the inclusion of their chosen relatives. The staff and management team were committed to delivering care and support to meet people's individual needs and preferences to maximise their quality of life.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated. Staff had access to up-to-date best practice guidance to support them in their role.

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 ratings from the last inspection were clearly displayed within the home and on the registered provider's website as required by law.
- The provider regularly sought feedback from staff, people living at the home and their relatives. Results were shared with people, relatives and staff along with actions taken to address any areas identified for development and improvement.

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

- The registered manager was clear about their responsibilities and understood the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the home.
- Effective quality assurance systems were in place at the home that clearly identified areas for development and improvement. Audits were consistently completed across all areas of the home.

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

- The registered manager fully involved people living at the home in its development. Meetings were held with people and their relatives to identify areas for development and improvement.
- People had asked for the outside areas to be developed and improved to include a sensory area. People and staff had fund raised to purchase the items requested by people to enhance the area.

- Staff meetings were held throughout the year and staff told us they felt well supported. Staff said the management team listened to their ideas and concerns and acted upon them where possible.

Continuous learning and improving care

- The registered manager and staff team all completed regular training relevant to their roles to ensure their practice remained up-to-date.
- Learning was highlighted promptly from the review of accidents and incidents that occurred at the home to identify any trends and patterns. Action was taken to mitigate or minimise future risks in a timely manner.

Working in partnership with others

- The management team had developed positive relationships within the local community that included local schools and college. The local college were producing a mural for the garden designed by the people living at the home.
- Representatives from the local churches visited the home to offer communion and services of different faiths.
- The registered manager and staff team worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.