

Principle Support Ltd Hartleys Care

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 ●

Summary of findings

Overall summary

Hartley's Care is a 'care home' which provides short term support for people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home specialises in supporting adults with learning disabilities. The care home accommodates up to five people in one adapted building. At the time of our inspection there were three people staying in the home.

This inspection took place on 17 September 2018 and was announced. This was the services first inspection since they changed provider in February 2018 and became registered with Principle Support Ltd.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Hartley's Care' on our website at www.cqc.org.uk.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

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 who used the service, their relatives, staff and healthcare professionals spoke positively about Hartley's Care and said it was a good place to go to.

People told us they felt safe and were protected from abuse by staff that were knowledgeable and had the right skills to meet their needs.

Risk assessments relating to people's health needs and the environment helped protect the health and welfare of people who used the service. People were supported to maintain good health.

Systems were in place to make sure people received their medicines safely, which included key staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the appropriate times.

The registered provider had a policy and procedure in place for the safe recruitment of staff. There were appropriate numbers of staff employed to meet people's needs and provide a personalised service.

Staff supported people to eat and drink sufficient amounts to maintain their health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people. There were processes to ensure information was effectively shared so people's needs could continue to be met during the transition between home and the service.

The atmosphere in the home was supportive and caring. People had formed positive relationships with staff and clearly enjoyed their company. People were well supported to maintain their independence and staff maintained people's rights to privacy and dignity.

People's needs were assessed and developed into a care plan. Care plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had the opportunity to choose, plan and take part in a range of activities that met their preferences and needs.

People's opinions were valued and they could be confident any concerns and complaints would be recognised, investigated and responded to.

The registered manager had a system of quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. The home was clean, well maintained and decorated and safety checks of the premises were regularly completed.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults and whistleblowing procedures.

People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

There were appropriate numbers of staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to eat and drink to maintain a balanced diet.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the staff and said they were treated with dignity and respect.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good 

The service was responsive.

People were fully involved in the development and review of their care plans.

People had the opportunity to take part in a range of activities of their choice that met their preferences and minimised any risk of social isolation.

A complaints process was in place. People felt they were listened to and complaints were taken seriously and addressed appropriately.

Is the service well-led?

Good 

The service was well led.

The atmosphere at the service was open and inclusive. Staff were provided with the support and direction they needed to meet the needs of people using the service.

Staff were clear about their roles and responsibilities. They told us they felt supported by the management team who they said were approachable.

Quality assurance systems were used to keep checks on standards and develop the service.

Hartleys Care

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 registered 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.

The inspection took place on 17 September 2018 and was announced. We gave the service three days' notice of the inspection visit because it is small and people who use the service are often out. We needed to be sure they would be in so we could speak with them. The inspection was carried out by one inspector. At the time of our inspection there were three people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. For this inspection we did not ask the provider to send us the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who were receiving respite care at the service and one relative. We also spoke over the telephone with two relatives. We spent time looking around the home's facilities, including people's rooms, communal areas and bathing facilities.

We spoke with five staff including the registered manager, the team manager, senior support workers and support workers.

Prior to the inspection we contacted healthcare professionals who were involved with supporting people who lived at the home, such as the local authority, case managers and advocates. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at two people's care files and three staff records. We also looked at records relating to the management of the home. These included minutes of meetings, medication records and quality and

monitoring checks carried out to ensure the home was operating to expected standards.

Is the service safe?

Our findings

People spoken with told us they felt safe, whilst in the care of the staff at Hartley's Care. One person said, "I always feel safe. If I didn't I wouldn't come." Another person said, "Yes, I'm safe here, it's nice."

Staff told us and we saw evidence they had received training in safeguarding vulnerable adults and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. A safeguarding and whistle blowing policy and procedure was available for staff to read.

From speaking with staff it was evident staff had a very good understanding of people's individual needs and how to keep people safe. For example, how they moved and handled people who had limited mobility. Staff were aware of the moving and handling care plans and risk assessments and ensured these were followed.

We saw risk had been identified in people's care plans. There was good detail on how to manage the risk. For example, we looked at one person's care plan, who had been identified as needing support to mobilise. The care plan detailed the staff involvement needed for the person to mobilise safely. It also showed the equipment the person used to ensure they mobilised safely whilst continuing to maintain their independence. The person told us, "I sometimes walk and sometimes use my wheelchair. The staff help me for my safety."

The registered manager kept a record of all accidents and incidents. We saw when there had been an accident or incident an investigation was completed to look at why this happened. Actions, such as involving healthcare professionals and staff retraining had been completed which helped to prevent further reoccurrence of the accident or incident.

There were effective systems in place to ensure people's medicines were stored safely and administered properly while staying at Hartley's care. One person told us, "I always get my medicine on time. There's never any problems."

As Hartley's Care predominantly provided short term respite care for people this meant their medicines were managed mainly at home and with their local GP and pharmacy. Medicines for people staying at Hartley's Care were checked when people arrived and departed from the service. Senior staff undertook daily, weekly and monthly audit checks to make sure medicines were managed safely and according to the policies in place. This meant any errors or discrepancies were identified and rectified quickly.

We found staff were trained in the safe administration of medicines and had their competency checked. There was an electronic system for recording medicines administered. When staff confirmed they had given medicines this showed as green on the system. If medicine wasn't given at the right time the system highlighted this, managers were then made aware and could take prompt action.

The registered provider had a medicines policy and procedure. We saw this included information about PRN (To be given when required) medicines. This assisted in staff decision making about when a PRN medicine

should be used. There was a PRN protocol template for staff to refer to with details about how a person, without full capacity, might present if they needed the medicine.

People who used the service were assessed by health and social services as needing the level of care provided. The registered manager told us they would contact social services if they felt there wasn't enough time allocated to meet the person's care needs safely.

On the day of the Inspection, we observed people's requests for assistance were dealt with promptly. People were not kept waiting for any length of time for staff to assist where necessary. People told us there were always enough staff in the house so their care and support needs could be met in a timely way.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. Staff recruitment files and associated electronic records contained references to confirm the persons suitability in previous relevant employment, proof of identity and a photograph.

The service had completed enhanced Disclosure and Barring Service (DBS) checks for all staff working at the service. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. The registered manager confirmed to us that no members of staff could commence working with people until their DBS check had been received. When staff started work they signed to confirm they would inform the registered manager if there were any changes to their DBS check. DBS checks were also renewed after three years, which was good practice.

During their stay in the home people were protected from financial abuse. The service was not responsible for managing anyone's finances. However, people did bring a small amount of cash with them, to use during their stay at the home. We saw this money was checked when the person arrived, records were kept of any money spent during their stay, with receipts and then checked when the person departed. We saw the records were up to date and regularly audited by the registered manager and team manager.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. The provider had a system in place to ensure such things as electrical installations, legionella and gas safety were checked at the required intervals.

Is the service effective?

Our findings

People who used the service told us they were happy with the care and support they received. People's relatives told us they felt staff knew people well and understood how to provide them with the care and support they needed.

The needs of people were regularly assessed to ensure they continued to receive care which promoted their physical and mental health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to make certain decisions.

Staff understood people's communication needs and described how they supported people to make decisions. Detailed information about people's individual communication needs were documented. Gestures, behaviour and body language were understood by staff when communicating with people.

People's care records showed people were fully involved in the decisions about their care and the life they chose to lead. During the inspection staff consulted people about a range of issues and choices to do with their care, and respected people's decisions.

Staff offered people choices and supported them with their dietary and health needs. Staff followed guidance from healthcare professionals such as the speech and language therapist and encouraged people to eat healthily. We heard staff ask people what they wanted to eat. Different options were discussed and staff clearly knew the personal preferences of people. One person told us, "I'm on a healthy eating diet. The staff are supporting me to make good choices." Another person said, "I get the food I like here. The staff know what I like. We had a lovely Sunday roast yesterday with chicken."

We found staff had a good level of skill, experience and support to enable them to meet people's needs effectively. There was a comprehensive induction programme for new staff. This involved training as well as a period of working alongside more experienced staff, before working independently with people. Any newly

appointed staff who did not have qualifications in health and social care were enrolled on the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The provider ensured staff knowledge and skills were kept up to date by requiring them to undertake regular training. As well as mandatory training, staff were offered opportunities to complete further training to support their personal development. Staff could discuss their wellbeing and training in regular supervision meetings with the team manager. There was also a plan in place to provide staff with an annual appraisal, when they had completed 12 months service.

Is the service caring?

Our findings

People who used the service told us the staff were kind to them. During our visit we saw positive interaction between staff and people. Staff including the registered manager, team manager and support staff spoke with people in a warm, friendly and respectful way. One person said, "I love coming here. I have a laugh with the staff. I torment them."

People's relatives were also complimentary about the staff's caring nature and professionalism. Their comments included, "[Name of family member] would not go there if they were not completely happy. They just love staying there and they would tell them if they didn't like something" and "We couldn't ask for more. The staff are great and the atmosphere is homely. Everyone really cares."

Observation of staff interaction with people and talking with staff confirmed staff clearly knew people well. They shared details about people's background, lives and family relationships and had a good understanding of each person's individual needs and preferences. People were seen to be relaxed and comfortable in the company of staff.

In line with 'Registering the Right Support' principles staff encouraged people's independence and supported them to be fully involved in decisions about their care and other aspects of their lives. 'Registering the Right Support' guidance states people who live in a registered care home should consistently, meaningfully and continuously be involved in decisions about their care and other needs, and how they will be met. People who used the service told us about the many decisions and choices they made. During the inspection we saw people made a range of day to day decisions, which were respected by staff.

Staff told us they enjoyed their work because they liked being with the people who stayed in the home. They spoke warmly of their relationships with people and it was clear people's wellbeing was very important to them. One staff member told us, "This is a lovely place to come. We make it like home from home. We want the best for people."

People's right to privacy was respected by staff. We saw staff respected people's choice when they decided to spend time alone in their room. Staff knew how to respect people's confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's care records were stored electronically. This meant only staff with permission to access records could do so, which helped to keep records securely.

The service had an equality and diversity policy that included information about treating people equally without discrimination regardless of ethnicity, language, culture, gender, age, faith, and sexual orientation. Details of people's religious, cultural and sexuality needs were included in each person's care records. Staff had a good understanding of equality, diversity and human rights. They told us about the importance of respecting people's individual beliefs, needs and differences and provided us with examples of how they would support a person's cultural, religious and dietary needs.

Is the service responsive?

Our findings

People who used the service and their relatives told us staff were responsive to people's needs. Comments included, "The staff act quickly if anything needs to change and they let us know what's happening," and "The staff know what they're doing and always involve us in any decisions to change things."

Comprehensive assessments were completed prior to the person staying at the home. This included gathering information from relevant healthcare professionals to ensure the service could be confident they could meet the person's needs. Care plans were personalised and provided clear guidance for staff about how to support people with their identified needs. They also informed staff how they could encourage people to maintain their independence and make their own choices. People's views about their care had been taken into consideration, acted upon and included in care plans. The registered manager and team manager both demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to meet their individual needs.

There were systems in place to ensure staff received up to date information about people's needs and welfare. Care records completed during each shift included details about people's wellbeing. A member of staff spoke of the ongoing communication care staff had with management about the needs of people using the service. They told us, "We talk as a team all the time to make sure we're all up to date with the current needs of people."

We discussed the Accessible Information Standard (AIS) with the registered manager. The AIS was introduced by the government in 2016 to make sure people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. People had been provided with information about the service which was in written and picture format, making it more accessible to people who had difficulty reading.

Staff supported people to engage in a wide range of activities and interests. People had regular scheduled activities and could choose what they wanted to do at other times. Activities included those relating to daily living skills such as shopping, as well as leisure activities. During our visit we saw people choosing how they wanted to spend their day. One person told us about the social events they had been to. They said staff supported them to go to work and they were also studying subjects they were interested in at college.

People and their relatives told us they could go to the staff if they had any worries or concerns. They said they were confident the managers and staff would act quickly if they were upset about anything. We saw there was an up to date complaints policy and procedure. This gave information on who to contact to make a complaint and who to contact if people were unhappy with the original response. Complaints could be made in writing or given verbally. The policy was displayed in the home and there was an easy read pictorial summary of how to complain available for people.

Since the service had registered in February 2018 there had been one complaint received. This was investigated and resolved by the registered manager, to the satisfaction of the complainant.

As the home provided a respite service they would not normally provide end of life care. The registered manager told us if a person neared the end of their life whilst in their care they would ensure people's care needs and wishes were supported by the service with assistance from their family and healthcare professionals.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since the service registered in February 2018. 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 who used the service, and their relatives were very complimentary about the management of the service. Their comments included, "The managers are easy to talk to and approachable," and "I wouldn't have any hesitation in going to the managers and asking their advice or raising any concerns. I know they would take on board what I said."

One healthcare professional told us, "I don't have any concerns about this service. It is well managed and effective. They respond quickly to any requests for information and clearly know people and their needs well."

The registered manager and team manager were knowledgeable about people who used the service. They knew people who used the service well and could talk in detail about their care and support needs. There was a positive culture where staff and management took pride in the care and support they provided.

The service had a clear management structure. This consisted of a registered manager who managed three services for the same provider and a team manager who was in day to day charge of Hartley's Care. Arrangements ensured that a manager was always on call to provide staff with support and advice when needed. There were also senior support workers on duty throughout the day to provide leadership to the support workers. Staff told us they felt very well supported by the ongoing communication and supervision of the management team.

People were encouraged to provide feedback about the service. Regular meetings were held which enabled people to make choices about the meals in the home, the activities they wanted to do and any suggestions they had for improvements.

The registered manager told us they planned to carry out a full quality assurance audit in January/February of 2019, when the service would be approaching its one-year anniversary. In the meantime, relatives were asked their opinions of the service through regular telephone calls and during reviews of people's care.

Staff knew about reporting any issues and concerns to do with the service to the registered manager or team manager. Regular staff meetings took place. Matters to do with the service and best practice were discussed. Topics included, teamwork, food safety, risk management, compliance, health and safety, care plans and staff training. Staff told us there was good team work and they felt comfortable raising any issues to do with the service and said they were always listened to by management.

We looked at the arrangements in place for governance. Governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager had an on-line KPI (Key Performance Indicator) spreadsheet which regularly assessed all aspects of the service. Information relating to such things as incidents and accidents, complaints, safeguarding, staffing and medicines were reviewed regularly. From this any patterns or themes could be identified and prompt action taken.

Policies and procedures were in place. We looked at a random sample of them which showed they had been regularly reviewed and updated. Staff knew how to access the policies and had signed them to confirm they had read them.