

# Hartford Hey Limited

# Hartford Hey

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We visited this service on 13th May 2015 and the inspection was unannounced.

The last inspection was carried out on 23 June 2014 and we found that there were breaches in the regulations. We asked the registered provider to take action to make improvements with the assessment of people's needs; meeting nutritional needs; and quality assurance. We received an action plan from the registered provider and

they stated they would meet the relevant legal requirements by 31st December 2014. We found on this inspection that these actions had been completed and the necessary improvements made.

Hartford Hey is a residential care home which provides personal care and accommodation for up to 28 older people. At the time of our visit there were 22 people living at the home.

There was a new manager in post and they had started the process to register with the Care Quality Commission. A registered manager is a person who has registered with

# Summary of findings

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 told us that they felt safe at the service and that the staff understood their care needs. People commented "I like it here", "The staff are lovely", "I have no complaints" and "The staff are lovely, couldn't be better." People told us the food had improved. People said they enjoyed the meals and now had a choice of meals.

We found the registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Policies and procedures related to safeguarding adults from abuse were available to the staff team. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge or the local authority safeguarding team if appropriate. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

The registered provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding and staff recruitment.

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and caring towards people who lived at the service.

The home was clean, hygienic and well maintained in all areas seen.

We found that care plans contained good information about the support people required and were written in a way that recognised people's needs. We saw that care plan reviews were completed and up to date.

We saw that medication administration and records were completed appropriately, which helped to ensure that people who used the service received their medication as prescribed.

There were good recruitment practices in place and pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at the service could be confident that they were protected from staff that were known to be unsuitable.

There were enough staff working at the service to meet people's needs. An activities coordinator was employed at the service. A range of activities were undertaken throughout the week. Staff had undertaken a range of training. This included moving and handling, food safety, first aid, dementia awareness and dignity and nutrition. Staff had regular supervision sessions and the opportunity to attend staff meetings.

People told us they would approach the management if they had any concerns about the service. We saw the complaints policy and the documentation used during the complaints process. People having access to the complaints policy helped ensure that people had the opportunity to raise concerns and that they were encouraged to voice their concerns.

The registered provider had a range of quality assurance systems in place. When concerns were noted these had been followed up and this meant that shortfalls identified in the service provision were addressed.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



### Is the service effective?

The service was effective.

People told us they enjoyed the food provided. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

We saw there were arrangements in place for staff to access relevant training and receive supervision. This meant that the staff had the opportunity to discuss their work and the care and support being provided.

The registered provider had policies and procedures in relation to the MCA and DoLS. From discussions with staff we noted they were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

Good



### Is the service caring?

The service was caring.

We saw that people were well cared for. People who used the service commented on the caring and kindness of the staff. We saw that staff were patient and gave encouragement when they supported people. Staff encouraged people to make decisions on day to day tasks and were kind, patient and caring.

Staff engaged with people in a positive and friendly manner. People told us that their privacy were respected when staff were supporting them, and particularly with personal care.

Good



### Is the service responsive?

The service was responsive.

We noted that there were activities available and an activities coordinator was employed at the service.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The home did not have a registered manager in place. However, a new manager had been employed and they had applied to be registered with the Care Quality Commission. Staff spoken with told us the manager was organised and managed the service well.

The registered provider had developed new quality assurance systems to monitor the service provided. A range of audits were completed with actions taken when appropriate.

Good



# Hartford Hey

## 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.

This inspection took place on 13th May 2015 and was unannounced.

We spent time observing care in the communal areas. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, two staff recruitment files and records relating to the management of the home.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local authority safeguarding and contracts teams and Healthwatch for their views on the service. The safeguarding and contracts teams had no current concerns or information. Healthwatch had visited and no issues had been raised.

On the day of our inspection, we spoke with seven people who lived at Hartford Hey, one relative, one visiting professional, the manager, the nominated individual and three members of the staff team. The nominated individual is a person who the registered provider has chosen to legally represent the company. At this service this person regularly works alongside the staff team.

# Is the service safe?

## Our findings

People who lived at the service confirmed that they felt safe living at Hartford Hey and that the staff were good. People commented “I feel safe here, yes” and “I do feel safe here.”

At the last inspection of Hartford Hey in June 2014 we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a compliance action was issued. After the last inspection an action plan was received and showed how the registered provider intended to meet this breach. During this inspection we found that the required improvements had been made.

We looked at the care plans and risk assessments of three people who lived in the home. We saw that improvements had been made in the care plan documentation. Care plans had been rewritten and reflected the needs of people who lived at the service. We saw that risk assessments had been completed. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, safe environment, eating and drinking, communication, continence, personal care and pressure area care. Care plans and risk assessments were regularly reviewed and were up to date.

We saw that there were sufficient staff on duty to support people. A relative said “There always seems to be enough staff around, and I visit at different times and also at weekends.”

We looked at the recruitment processes at the service. We saw that files included application forms, copies of training certificates and supervision, contracts of employment, Disclosure and Barring Service (DBS) checks and references. This meant that the registered provider had carried out appropriate checks to ensure people were supported by suitable staff.

The registered provider had a policy on abuse and also had a copy of the local authority’s safeguarding policy and procedure in place. Staff confirmed that they were aware of these policies. They said copies were in the office and that

they had undertaken training in safeguarding adults from abuse. One staff member commented that they had undertaken training via an external course and during National Vocational Qualification (NVQ) training. During discussions staff were able to tell us what action they would take so that people were protected and they described different types of abuse that could occur. This meant that staff had the knowledge and understanding of what to do if they suspected abuse was taking place. No safeguarding referrals had been received by the registered provider since the last inspection.

The home was clean and well maintained. We noted that people’s toiletries, including combs, hair brushes and razors, were placed in the bathrooms, some of which had people’s names on. However, these could be used by anyone who was in the bathroom. They should be stored in the person’s own room to ensure they are only used for the individual named. We saw that environmental checks were undertaken to ensure that the property was safe for people who lived there. Equipment such as hoists for moving people, the passenger lift and the fire system were well maintained and serviced regularly which ensured people were not put at unnecessary risk.

We looked at the medication processes in place. The care team leader on duty explained that a monitored dosage system was used. We saw that the Controlled Drugs (CD) book was regularly audited and up to date. Excess medication was returned, recorded and staff signed to show this had taken place. We saw low stocks of medicines were kept at the service and those we saw were within four months of date of dispensed. This meant that the registered provider did not keep ordering medication that was not used and that good stock management was in place. The Medication Administration Record (MAR) sheets were signed when the medication was given. We saw that the MAR sheets were appropriately completed with evidence of reasons where a medication had not been administered, for example where a person was taking pain relief medication on a “when required” basis and did not need the medication at that time. Monthly audits of medication were completed on the MAR sheets.

# Is the service effective?

## Our findings

At the last inspection we found that there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a compliance action was issued. After that inspection an action plan was received and showed how the registered provider made the necessary improvements. During this inspection we found that the required improvements had been made. People's nutritional assessments had been carried out and their likes and dislikes noted. Also people had a choice of meals and details of special diets had been recorded.

People we spoke with told us that the meals provided had improved. They said "The food here is nice", "The food is excellent" and "We get a good choice and if you don't like it, they will change it."

People were offered three meals a day and were served drinks and snacks throughout the day. We observed the care and support provided at lunchtime. Tables were nicely laid with cutlery, glasses and condiments. Improvements had been made and choices of meals were available, the cook or care staff offered people a choice prior to the mealtime and details of meals served were recorded. Other diets such as vegetarian and diabetic diets were recorded separately. Details of people's likes and dislikes were available within the kitchen. This meant that people's dietary needs were monitored and recorded to ensure their needs are being met. The meal was served from the kitchen by the cook. The food looked appetising on the day of our inspection and people told us they had enjoyed the meal. During the lunchtime period staff were attentive to people's needs and interacted in a friendly manner with people. We saw one staff member talking to a person who had left the table before their dessert was served. The person wanted to go and sit in the garden. The staff member offered to bring their dessert and a drink out to them, which the person accepted. Many people preferred to have their meals served in their own bedrooms and staff took meals to them as required. Care plans showed that risks associated with poor nutrition and hydration were identified as part of the care planning process.

People who lived in the home and their relatives told us about the care and support they received. People said they were well cared for and the staff were kind and helpful. Comments included "The staff are lovely" and "I am well cared for." A relative commented "Staff are very good with

Dad." Some people could not tell us if they were involved in decisions about their care. However we saw that people were involved in decision making in many aspects of their daily life. This included being asked what they would like to eat, what clothes they would like to wear and where they would like to sit. We saw a staff member ask a person they were supporting would they like to sit in one of the lounges, garden or conservatory.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The staff spoken with during the inspection explained they had recently received training and understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. They showed a good understanding of the MCA 2005 and about support people in making choices and about being able to make decisions in their best interests. The manager confirmed they had a copy of the Act's codes of practice and understood when an application should be undertaken. We noted that the registered provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. In care plans we saw that people's mental capacity was assessed and these were signed by the assessor with the result of assessment clearly documented. However we saw that these assessments were generic and needed to be decision specific to be produced in line with the DoLS. We saw that some people had a Lasting Power of Attorney (LPA) in place, however the registered provider had only been told of this by relatives. In line with the MCA 2005 the LPA documentation should be seen and copied to ensure that decisions made on behalf of an individual are in line with the LPA application. A Lasting Power of Attorney gives someone you trust the legal authority to make decisions on your behalf about your money and your health, if you no longer can in the future.

We looked at the training staff had undertaken. We saw that training certificates were in staff files. Training had been completed by staff on food safety; first aid; dementia awareness; dignity; nutrition; and moving and handling.

## Is the service effective?

The manager had a plan for future training which included practical moving and handling, first aid, dementia awareness and nutrition and hydration. We noted that there was not a training matrix and the manager said this was something that she would be putting in place.

The staff induction programme was discussed with the manager and staff team. We were told it consisted of internal training and we saw the induction checklist. This showed the areas covered during the induction process which included an overview of the induction process and was linked to the Care Certificate training. Staff were paired with a more experienced staff member as their “buddy” for this time. The induction checklist was signed and dated by the employee and line manager. Staff had access to the employee handbook which staff told us was kept in the

office however, they didn’t receive their own copy. Staff spoken with confirmed they had undertaken an induction when they started work. Staff files showed certificates of induction awareness course undertaken.

People we spoke with said they discussed their health care needs as part of the care planning process. People explained that they would talk to staff if they were in pain or unwell. Within people’s care plans we saw that there was information and guidance on how staff can best support people. We saw records had been made of healthcare visits. These included GPs, district nurses, chiropodist and a Macmillan link nurse. A relative said “The GP is called if the staff have concerns.” A visiting health professional said that they had a good relationship with the staff and that the manager was very good. They explained that staff took on board recommendations they made and that they were proactive in reporting any concerns to them.

# Is the service caring?

## Our findings

We spoke with people who used the service and relatives about how they preferred to receive their care. They told us that they spoke with staff about their preferences and this was undertaken in an informal way. Everyone commented on the friendliness and caring attitude of the staff. People said “My privacy and dignity are respected”, “Its homely here”, “Staff are lovely, couldn’t be better”, “Staff are caring” and “The staff are kind and lovely.”

We spent time in the dining room and lounge areas and saw that staff treated people with respect. The staff were kind and caring and they gave people the time they needed to make decisions for themselves. We saw one staff member gently guide a person who was using a walking frame in the direction they needed to go. We also saw another staff member ask the person where they wanted to sit. They gave them the options of a choice of lounges, the conservatory or the garden.

People told us their privacy and dignity was respected by the staff. They confirmed that when staff supported them with personal care tasks that this was undertaken in the privacy of the individual’s bedroom or the bathroom. We saw that people who used the service were addressed by their preferred name and we noted on care plans that preferred names had been recorded. We saw that care plans supported people’s choice and showed how people

preferred to be supported and cared for. Staff confirmed that they were kept aware of changes in people’s needs within the communication book, by attending handover meetings and by reading the care plans.

Policies and procedures were in place with regard to the aims and objectives of the service. Information about code of conduct, standards and dress code was seen in the employee handbook. This meant that staff had access to information on how they should maintain people’s dignity and privacy. Staff confirmed they were aware of these policies and gave examples of how they maintained people’s dignity and privacy. For example staff explained they always knocked on bedroom doors before entering and when people required support with personal care they ensured this was completed in the privacy of the bathroom. We saw staff attend to people’s needs throughout the day in a discreet way, which maintained their dignity.

People were provided with information about the service. We saw a service users’ guide which had information about the service. This had been reviewed in February 2015 and could be obtained in large print format on request. This included the services provided, philosophy of the home, people’s rights and a copy of the last inspection report. Pictures of the service were seen throughout the document. The statement of purpose was currently being reviewed in line with the arrival of the new manager. The registered provider explained it would be available shortly.

# Is the service responsive?

## Our findings

We spoke with people about the support and care they received from the staff team. They said that staff were responsive to their needs and supported them in a caring way. They said “I am well cared for”, “Staff are always available” and “I have a lovely room.” Staff explained that people were involved in their care and that they sat with them and discussed their needs. Staff asked people to sign their care plans and if they are unable to do so, staff explained to them what was in the care plan and also spoke with family members if appropriate.

At the last inspection we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a compliance action was issued. After that inspection an action plan was received and showed how the registered provider intended to make the necessary improvements. During this inspection we found that the required improvements had been made. People’s care plans and risk assessments had been reviewed and updated to accurately reflect the needs of the people who lived at the service.

We reviewed care plans and other care records for people who used the service. These provided guidance on how to support and care for the individual. Each person’s file contained a care plan, risk assessments and a daily record sheet. The care plans had been regularly reviewed. The daily record sheet was well written and included three records across the day, one from each shift, which showed the care and support people received across the day and night. We saw details of where a visiting health professional had spoken with a person who used the service about their diagnosis and new medication prescribed. Later we saw the care staff had noticed the person was worried and they explained what the new medication was for and how it would help them.

People who lived at the service told us that they received regular visits from family and friends and that they were always made welcome by the staff. We spoke with a relative

about visiting the home. They confirmed they could visit at any time and that they were made to feel welcome and were offered refreshments. They said “I can visit whenever I want to.”

People who lived at the service and relatives told us they felt confident about raising any concerns they might have. All the people we spoke with confirmed they had no concerns or complaints about the service. We saw a copy of the complaints procedure which was included in the service users’ guide. It contained all the necessary information to enable someone to make a complaint about the service. It also included details of other people who could be contacted if the person was unhappy with the response from the registered provider. During discussions with staff they confirmed if they received a complaint then initially they would try and resolve it. If this was not possible then they would pass it to the senior person on duty. They said they were confident that complaints would be dealt with by the manager. Having access to the complaints procedure meant that people who used the service had access to information about how to raise a concern about the service if they needed to. We looked at how complaints were dealt with, and found that appropriate processes were in place to deal with them. We had not received any concerns about the service since the last inspection.

People who lived at the service had access to a range of activities. These included music, films, reflexology, hairdressing, pampering sessions, visiting dogs’ for pet therapy and one to one sessions. People’s life history had started to be documented by the staff and we were told that these would be continued to be completed. We saw that activities were noted in the diary, however, this information should be included in the care plan documentation so that it is clear what activities an individual had undertaken to help ensure that people are included and have access to their chosen activity. Within each person’s care plan an activities sheet had been completed. This included preferred interests such as music, books, TV programmes, gardening, arts and crafts and day excursions.

# Is the service well-led?

## Our findings

At the time of this inspection there was not a registered manager. The previous registered manager had stayed at the service until the new manager was in post. The new manager had worked at the service for three months. She was currently applying to be registered with the commission.

At the last inspection we found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a compliance action was issued. After that inspection an action plan was received and showed how the registered provider intended to make the required improvements. During this inspection we found that these had been made. Care plans were reviewed on a monthly basis and information about when a person fell was documented and analysed and acted upon accordingly.

We saw that the registered provider had introduced improvements to their quality assurance system in order to ensure that people who used the service received good care. Weekly audits had been undertaken on medication and health and safety. An action plan was completed as necessary and included details of the action to be taken and date by which it was to be completed. We saw that medication documentation was audited on a weekly basis. Six medication administration sheets were reviewed each week and actions to be taken were noted.

Monthly meetings took place between the team leader, keyworker and person who used the service and care plan documentation was reviewed with aims and goals set for the following month. This was signed and dated by the staff member.

A quarterly inspection of the building had been implemented and we saw the last inspection had been undertaken in March 2015. Space was included on the form for any action that was needed to be undertaken.

An audit was completed when people had a fall. This documented the time and details of the fall and the outcome of any action taken. For example if a person had a number of falls then a pressure mat was used to alert staff of the individuals movement. We saw that this action had resulted in a reduction of falls noted.

People who used the service were positive about the new manager and said “She seems very nice”, “The new manager is lovely” and “The new manager is very nice.” One relative commented that they had met the new manager and that she is always available if you want to speak to her. Staff said “She is very approachable and reasonable”, “She is a breath of fresh air”, “She is assertive and diplomatic”, “The new manager has implemented new processes which have been an improvement” and “She listens to the staff and gives you time to understand the changes being made.” All the staff we spoke with confirmed she was supportive to the staff team.

During discussions with the manager we found they had a good knowledge and understanding of the needs of people who lived at the service and that she had started to make improvements to the service since her arrival. She went onto explain about the new team leader role that she had implemented. The three team leaders had a group of care assistants that they supervised and each team leader had specific areas that they had overall responsibility for, for example, medication, health and safety and fire system checks.

We saw that questionnaires had been given to people who used the service and their relatives and friends. The last survey was completed in June 2014 and the results of the survey were available. We saw that people who used the service and relatives were happy with the service provided.