

# R.Hart Care Limited

# Hart House

## 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

We inspected Hart House on the 8 May 2017.

The service provides accommodation and support for up to ten people with mental health issues. There were nine people living at the service at the time of our inspection.

At our last inspection the service was rated as Good. At this inspection we found the service remained Good.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices. People were supported with their nutritional needs and had access to healthcare when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. People's care was individually planned for their needs.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.



## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.



# Hart House

## **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 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 the 8 May 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with five people, the registered manager, deputy manager and senior care worker. We reviewed three care files, two staff recruitment files and their support records, audits and policies held at the service. □



# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us that they felt safe living at the service, one person said, "I feel safe here, I can't explain why I just do." Another person said, "It is a safe place to live, and all my property is safe, I have my key to lock my door if I want to."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "If I had any safeguarding concerns I would discuss it with the management the local council and people's care teams. If I was concerned about the management I would follow the 'whistle-blowing' policy or contact the CQC." The registered manager clearly displayed information for staff to follow if they suspected abuse, including contacting the local council safeguarding team and independent contacts such as 'Ask Sa'. Where safeguarding concerns had been raised the registered manager had worked with the local authority and people's care team to put risk management strategies in place.

Staff recruited were suitable for the role they were employed for and the provider had a robust process in place. Files contained records of interviews, appropriate references, proof of identity and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people. The registered manager told us that they were fully recruited and had recently appointed a senior care worker, an activity person and bank staff. Staff told us that there were enough staff working to ensure people had all the support they needed including accessing the community and external appointments. People we spoke with told us that there were enough staff available to support their needs. One person said, "There is always staff around and if I go out a member of staff will come with me because I have memory problems."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered; access, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive for example when some people chose to make an unwise decision staff supported them to do this as safely as possible. Staff demonstrated a good awareness of areas of risk for individuals. For example making sure when one person accessed the community they had their phone with them with pre-programmed numbers for taxis and for the service. One person said, "Staff support me to be independent." Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service.

People were cared for in a safe environment. The registered manager ensured there were regular risk assessments and audits completed of the premises and had an emergency contingency plan in place



should there be an event that affected the running of the service. For day to day repairs and refurbishment the registered manager followed the provider's system to request this is done by a maintenance person. Since our last inspection the service has undergone some refurbishment with two more rooms being added, we saw all this work had now been completed.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Senior staff who had received training in medication administration dispensed the medication to people. The registered manager observed staff practice regularly when administering medication to ensure they maintained their standards. People were encouraged to manage their own medication and to work towards taking their medication independently, this included taking responsibility for collecting their own prescriptions and taking these to the chemist. People told us that they were supported to take their medication regularly and when they needed them.



## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The registered manager ensured staff had the correct training and skills to perform their roles. The service used a mixture of on-line, written and face to face training. One member of staff said, "I keep my training up dated each year and I have completed a national vocational qualification. I am about to do a new course on eating disorders and post-traumatic stress disorder." People told us that they felt staff had the right training one person said, "Staff are very good at intervening in situations and calming things down." New staff were supported with a full induction to the service and were supervised by more experienced staff during their induction. Staff told us that they felt supported by the management team and had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings and supervision sessions. The registered manager also completed a yearly appraisal on staff performance and identified goals with them for the up-coming year.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions, even if these could be perceived as unwise and knew how people's ability to make informed decisions can change and fluctuate from time to time. The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people's capacity in care records this told us people's rights were being protected. Where people lacked capacity to manage their own finances we saw the registered manager was working with people's guardians to ensure their finances were protected. The registered manager kept detailed records of people's spending and provided these accounts to the appropriate people to monitor and ensure that their finances were protected.

People had enough to eat and drink. Staff supported people to plan their weekly food menus and to budget their spending on food. Each week people had money allocated to them to buy the food they wished to eat, people would then either go shopping independently or with staff support. One person said, "Staff will plan your menu with you weekly if you want but I don't tend to do that I just plan it as I go along each day." People took it in turns to access the kitchen to make their food if people required support with cooking staff were available to help them. Throughout the inspection we saw people making their food and drinks independently.

People had access to healthcare as required. The registered manager supported people to attend out-



patient appointments and to register with the local GP. People were also supported to access the dentist and optician in the community. One person said, "I go every week to get my blood tested and I see a community nurse." Another person said, "Staff come with me to any appointments as I have memory problems."



## Is the service caring?

### Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be Good.

Staff had positive relationships with people. People were very complimentary of the support they received from staff. One person said, "The staff are very motivating they help you to do things otherwise I wouldn't do anything." Throughout the day we saw staff interacting with people in a supportive and caring way. People were relaxed in staff's company and when one person was distressed we saw staff knew how to distract them by changing the topic of conversation on to something that they could focus on more easily. We saw the atmosphere at the service was relaxed and that people got on well with each other and with staff. One person said, "On Sunday's we all tend to have a roast dinner together."

People felt supported at the service. Staff demonstrated a good knowledge of people's individual support needs. Each person had a key worker this is an allocated member of care staff who works alongside the person to help them with their rehabilitation or to maintain their independence. One person told us, "I have one to one meetings with my key worker once or twice a week to talk about how things are going and we go through my care plan together." The registered manager told us that staff reviewed care plans monthly and updated them more frequently if needed. This meant people's care records were relevant and support needs were up to date for staff to follow.

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. Staff encouraged a sense of community at the service and people had written their own dignity charter which was displayed on the wall. The charter included such statements as, "Dignity means having pride in yourself and what you do," "Dignity means everyone is equal," "Dignity means taking everyone as an individual."

People's diverse needs were respected. One person told us how they were supported to attend church they said, "I have found comfort in going to church every Sunday and [staff name] even comes in to take me if they are off duty." We saw that other people also had access to the religious support of their choice and that they received religious guidance at the service. The service promoted the use of advocates for people to help them with independent support when making decisions about their care or finances. One person was being supported by an advocate whilst they made decisions about their estate. We saw that people were also being supported with their democratic right to vote and that they had been registered to vote at the upcoming general election.

Staff knew people needed privacy and respected this when they wished to spend time on their own. People told us that they had keys to their room and that they could lock the door if they wished to. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person told us, "I go home to visit my mum."



## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People continued to receive care that was individual and personalised to their needs. The registered manager ensured people had a thorough assessment before they agreed to support people. In addition people and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. Before people finally came to live at the service there was a gradual increase of time spent there. This included spending days and then having overnight stays. This gradual build up gave people and staff the opportunity to get to know each other to ensure their needs could be met and that they would be happy living there. One person said, "I visited about four times before I moved in and I came for an overnight stay. I felt a bit apprehensive at first but I am starting to feel alright now."

The service continued to be responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. The registered manager has developed good working relationships with people's care teams to ensure their needs are met. In addition as the service has now increased in size the registered manager has arranged for a conservatory to be added to increase the size of the kitchen area for people to use.

People were encouraged to follow their own interests and hobbies. The service had recently appointed an activity person to assist people with social and well-being activities. One person told us, "I have just been to the gym with [staff name] and I go swimming as well." People were supported to access the local community to attend social and educational activities. One person told us, "I have just started at college [staff name] comes with me and motivates me." Another person told us how they attended the YMCA and enjoyed participating in a journalist type group there. They went on to say that they were considering completing a college course on childcare.

The service had a robust complaints process in place that was accessible and any complaints were dealt with effectively. One person told us, "If I had a complaint I could talk to any of the staff." We saw the service also had a comment box where people could put suggestions or make complaints anonymously if they wished.



## Is the service well-led?

### Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains Good.

The service had a registered manager. 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.

The registered manager was very visible within the service. Staff shared the registered manager's vision for the service. One member of staff told us, "We want to promote people's independence so that they can move on if possible."

Staff felt supported at the service. One member of staff said, "Support here is really good, there is always someone on call and you can ask any questions and they will sit down and go through things with you." Staff were able to describe to us their role within the service and what their responsibilities were. They told us that they had regular staff meetings with the registered manager to discuss the running of the service and any ideas they may have. Staff told us that they felt they worked well together as a team and that they had good communication methods to ensure everyone was kept up to date with people's care needs.

People's opinions were sought within the service. We saw the registered manager held regular meetings with people and sought their opinions on activities. One person told us, "We have meetings every month where we all get together and discuss anything we want about the home." In addition the provider sent out questionnaires to people, relatives, staff and other health professionals gain feedback on the service. We saw from one of these questionnaires a person had raised that the hoover was too noisy, it transpired that rather than the hoover being too noisy it was the time that it was being used that was the issue disturbing the person. This was addressed by the registered manager and the issue resolved. This demonstrated that the registered manager listened to people's feedback and acted.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.