

Hartshill Care Ltd

Hartshill Care Home

Inspection report

Oldbury Road
Hartshill
Nuneaton
Warwickshire
CV10 0TJ

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01 August 2023

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24 August 2023

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

Hartshill Care Home is a residential care home providing personal and nursing care to 18 people at the time of our inspection. The service can support up to 67 people. The home is split into 4 units, only 2 of which were open when we visited. The provider told us the remaining 2 units would remain closed until further work had been completed to ensure they met required environmental and safety standards.

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

There were enough staff to ensure people's needs were consistently met in a safe way. Risks were identified and care plans provided staff with information to mitigate those risks. Staff understood their responsibility to keep people safe and record and report any concerns. Medicines management and infection control practices supported people's health.

People's needs were assessed to ensure the service could meet their individual needs safely. Staff received training and guidance so they could provide effective support to people. People were encouraged to have enough to eat and drink so they would remain well. Staff regularly monitored people's health and any concerns were promptly referred to external health professionals.

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.

People spoke positively about the friendliness and care shown by staff and felt listened to and able to share their views. People were supported to maintain and regain their independence where possible. Staff practices promoted people's privacy and dignity.

Staff had a good understanding of people's care preferences and were available to respond to people's requests for support. Staff considered people's communication needs when assessing their needs and planning their care. A dedicated member of staff supported people to engage in activities of interest to them. Friendships and family relationships were promoted within the home.

The provider acknowledged the home was only supporting a small number of people at the time of our inspection and described a phased approach to opening the home. This was to ensure policies, procedures and effective risk management were embedded within staff practice. The staff team spoke positively of the support they received from the provider, managers and the wider staff team. Learning was taken and shared from any complaints and adverse incidents to improve standards of care and ensure people achieved positive outcomes.

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

Rating at last inspection

This service was registered with us on 10 November 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a first rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Hartshill Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and a specialist nurse advisor completed this inspection.

Service and service type

Hartshill Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hartshill Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The inspection was unannounced.

What we did before 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 sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 4 relatives/visitors about their experience of the care provided. 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 spoke with 12 members of staff including the registered manager, a newly recruited manager, a nurse, a nursing assistant, care assistants, a kitchen assistant, a member of the housekeeping team, the activities co-ordinator and an administrator. We also spoke with a director from the provider company and 2 external healthcare professionals.

We reviewed a range of records. This included 5 people's care records in full and specific aspects of 2 other care plans. We looked at multiple medicine records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Hartshill Care Home. Comments included: "I feel totally safe. I have never seen a staff member treat a person here in a bad way" and, "What makes me feel safe is that the staff always pop their heads in and made sure you are okay."
- Staff understood their responsibility to keep people safe and record and report any concerns. One staff member told us, "Safeguarding is about keeping people safe and protecting them from harm. I would always act if I saw anything that concerned me."
- The provider had systems and processes to ensure people using the service were safeguarded. Any issues raised had been referred to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people health and safety had been assessed and plans formulated to mitigate identified risks. This included areas such as diabetes, weight loss, skin care and catheter care.
- Risk management plans were regularly reviewed to ensure they reflected any changes in people's health that could elevate their level of risk.
- Records demonstrated that where possible, people were involved in discussions about their risk management plans.
- People had Personal Emergency Evacuation Plans (PEEPS) which informed staff and emergency services of the level of support people would need in the event of an emergency.

Staffing and recruitment

- There were enough staff to ensure people's needs were consistently met in a safe way.
- People told us staff were responsive to their requests for support. One person told us, "Staff are busy, but they get the job done, they are very good." Another person commented, "If I need anything they leave me with the bell and they come pretty quick when I press it."
- Staff said there were enough staff to care for people. One staff member said, "You don't have to rush and can get round to people in a timely manner."
- Relatives confirmed there was always a staff member in communal areas and staff were available to give them information and answer their questions.
- The registered manager told us they monitored staffing levels based on people's dependency needs. They assured us staffing levels would be reviewed prior to any new admissions to the home to ensure they remained safe.
- Staff were recruited safely. The provider followed safe recruitment processes to ensure staff were suitable for their roles. This included obtaining references from previous employers and undertaking checks such as

Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored, managed and disposed of in a safe way, in line with best practice guidance.
- Information was available to inform staff when medicines with specific prescribing instructions, such as 'when required' medicines, should be given.
- Senior staff checked medication stock held to ensure medicines were ordered in a timely way and available when people required them.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors when they wished.

Learning lessons when things go wrong

- The registered manager had a process to analyse accidents and incidents to ensure appropriate action had been taken and minimise future risks. For example, all falls were reviewed monthly to identify any patterns or trends and whether any required professional referrals for advice had been made.
- Learning from accidents and incidents was shared with staff through regular meetings and lessons learned documentation.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed and considered to ensure the service could meet their individual needs safely and effectively.
- Staff gave examples demonstrating how the views of people and their families had been incorporated into the assessment process. One staff member told us, "You unpack [people's] belongings with them and speak to their families. You need to know people's likes and dislikes."
- Staff considered a broad range of areas when assessing people's care needs. For example, key areas relating to people's physical and mental health and their care preferences.
- People's assessments were regularly updated as their needs changed, and care plans were developed to reflect these.

Staff support: induction, training, skills and experience

- People were cared for by staff who received on-going training to develop their skills and maintain any requirements of their professional registration.
- Staff were supported to undertake training which was relevant to the needs of the people they cared for. A staff member said, "We get on-line and face-to-face training. It jogs your memory, and you ask yourself, have I done everything I can for this person."
- Staff were positive about the support they received to develop the knowledge they needed to care for people. This included when staff were first employed at the home. One staff member explained they had previously worked in care and how senior staff had tailored their induction programme to reflect this. The staff member said, "I had shadow shifts, [working with more experienced colleagues] the first week. I could have asked for more shadow shifts if I wanted."
- Senior staff checked staff were competent in providing key areas of care. For example, in relation to how people were assisted to move around the home. This helped to promote people's safety.

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

- People were supported to have enough to eat and drink so they would remain well. One person told us, "I like shellfish and they make that for me, I love my prawns. I have put on a stone since being here and there is always a choice." Another person told us, "The food is very good. We get a choice and there is plenty."
- Staff told us, and records confirmed, there was a focus on ensuring everyone had enough to eat and drink and senior staff regularly checked people's food and fluid intake, so their care could be adjusted as required. One staff member explained, "Nurses and nursing assistants prompt us to offer more drinks."
- Staff had a good understanding of people's nutritional and hydration preferences and explained how they used this to promote good fluid and nutrition intake. For example, a staff member explained they had

spoken with one person's family to develop ways to encourage their relative to drink more. The family had shared their family member's preferences and staff had used this knowledge to ensure the person's hydration needs were met.

- Two relatives particularly spoke of the encouragement staff gave people who were not eating and drinking well. One relative told us, "If [Name] says she will try something, they will go and get it immediately, even if it isn't a mealtime."
- We saw people's mealtime experiences were sociable and were not rushed, and people were offered choices about what they would like to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to achieve the best possible health outcomes. This included support to regularly access their GP's services, pharmacist, and other specialist health professionals.
- Staff regularly monitored people's temperature, oxygen levels, pulse rate and blood pressure to identify early signs of ill-health. Any concerns were promptly referred to external health professionals.
- A healthcare professional told us they carried out a weekly virtual ward round with the GP as part of a multi-disciplinary team. They explained, "We try and signpost on, review prescriptions and formulate agreed plans of care."
- People's health needs we're regularly discussed by staff at the start and end of every shift. One staff member told us, "We do a walking handover [seeing people in person] in the morning and in the evening. We discuss if people have had a settled night, how their blood pressure is, and what their skin health is like."
- Care plans recorded the support people needed to maintain their oral health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff spoke confidently about promoting people's choices and freedoms and explained how they checked people's body language, so they could be sure people were agreeing to the care offered. We saw this happened.
- Where a need was identified, people's capacity to make a decision had been assessed.
- Staff worked with other organisations to ensure people's freedoms were promoted. Where there were restrictions on people's liberty, appropriate legal authorisations were obtained.
- Systems were in place to manage any conditions relating to people's Deprivation of Liberty Safeguards authorisations.

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

- People had access to a range of quieter and more social areas within the home and garden to enjoy.
- Staff understood the importance of ensuring people were encouraged to personalise their rooms, so they reflected what mattered to them. One staff member told us where people needed support to do this, "We encourage families to personalise their relative's rooms. [People] need to have their comforts and they will often recognise a photo."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 spoke positively about the friendliness and care shown by staff. Comments included: "The staff are marvellous. They are so kind. If you ask for something, they do it", "The friendly staff is what is best" and, "The staff are happy and want to help."
- Staff spent time chatting with people about what mattered to them and sharing jokes with them.
- Two relatives spoke of how supportive staff were when people were expressing anxiety or distress. One relative told us, "The way staff deal with it, they distract [Name]. They have got such a nice way with [Name]."
- Staff were positive about the people they cared for and about the home. One staff member told us, "The best thing about working here is that I love the residents and all the staff are lovely. It feels like a family, and I enjoy getting to know residents' families."

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

- We saw people made their own day to day decisions, such as where in the home they wanted to spend time, and where they wanted to sit during meals.
- People felt they were listened to and were able to express their views. One person told us, "It is my choice if I go out or not and they do ask me." Another person commented, "I feel respected, and I can make my own choices. If my [family] want to come, they come. They just take me out and bring me back when I like."

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples showing how they supported people so their rights to privacy and dignity were met. These included how people were supported to maintain their dignity during personal care and by seeking permission before they entered people's rooms.
- One person told us, "When helping me in the shower they maintain my dignity, they don't leave the doors open. They shut the doors when dressing and undressing me."
- People were supported to maintain and regain their independence where possible. One relative explained how staff had supported their family member to regain their independence when eating and commented, "The encouragement is there but it is not forced."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 gave staff guidance to provide care to meet people's individual needs.
- Staff had a good understanding of people's care preferences and gave examples showing how they used this when caring for them. For example, one staff member told us how one person preferred a particular texture of food. Another staff member explained how they obtained foods for one person which reflected their personal choices and cultural preferences.
- The registered manager assured us the knowledge staff demonstrated would be recorded in people's care plans. This would ensure person centred care continued as more people moved into the home and new staff were recruited.
- Staff told us good communication ensured changes in people's needs were responded to. One care staff member told us, "One thing I can't fault about the nurses is the communication, it is brilliant. They listen to our views and respect the fact we know people well, as we know if they are not quite right."
- Staff were present in communal areas and were able to assist people and respond promptly to their requests for support.

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

- There was a dedicated member of staff who supported people to engage in a range of activities and social events. One person told us, "We play bingo, and we go outside and get fresh air. There is enough to keep me occupied." Another person said, "I play dominoes and enjoy it."
- People were supported to maintain contact with family and friends close to them. Two relatives told us staff were aware of people who had formed friendships and made sure they were sitting next to each other in communal areas. One person confirmed, "I have friends here. We always sit together at lunch."
- We saw staff used their knowledge of people's hobbies and interests when chatting to them, so people did not feel isolated. The member of staff responsible for activities told us, "We have a few who prefer to spend time in their room and that is OK. I can go to the rooms and spend time with people too."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had considered people's communication preferences when assessing their needs and planning their

care. This included information about how to support people with day-to-day communication.

- People's communication plans also guided staff on how to meet people's sensory needs. This helped to ensure people had the opportunity to participate in life at the home and to remain socially active.
- We saw people and staff communicating effectively during our inspection.

End of life care and support

- Staff ensured anticipatory medicines were available to ensure people moving towards the end of their life were kept comfortable and pain free.
- People's preferences for this key stage of their lives had been considered. However, further work was planned to ensure enough information was provided on how people wished to live their final days.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and available to people. The policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
- The provider had received two complaints. These had been fully investigated and action taken to resolve any issues identified.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was committed to providing high-quality care that achieved good outcomes for people. They described a phased approach to opening the home to ensure policies, procedures and effective risk management were embedded within staff practice.
- The provider's quality assurance systems demonstrated areas needing improvement were identified and acted upon.
- Staff were supported with training and their practices monitored to ensure they understood their roles and responsibilities.
- The provider told us as part of their governance, they employed an independent quality assessor to review their services and ensure standards were maintained and regulations met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about Hartshill Care Home. Comments included: "They are on the ball with everything, and they are all attentive" and, "I cannot fault any of the staff, they have gone above and beyond."
- In feedback to the service, one relative spoke of the positive impact the care had on their family member's well-being. They had recorded, "Since [Name] came here they appear to be physically better and much brighter cognitively."
- There was a focus on building a strong staff team who worked well together and respected each other's roles within the home. The registered manager explained, "It is very important for the staff to understand what each other's job is because there is no job more important than another one."
- Staff spoke positively about the home and the support they received from managers. One staff member told us, "They are good because if you can talk to someone, it makes us feel so much more positive about work."

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

- People were provided with opportunities to feedback on the care and support they received at 'resident' meetings and through their daily interactions with staff.
- Regular meetings provided opportunities to share information and gather feedback from staff. One staff member described the meetings as useful and added, "We can raise any struggles." Another told us, "Team

meetings are frequent, and we all feel like we can talk freely."

- Staff told us a representative from the provider regularly visited the home and listened to their views. One staff member told us when they had raised an issue, this had been effectively dealt with.
- The provider told us it was important to value staff and recognised outstanding practice through an annual awards ceremony. The provider told us this had a positive impact on standards of care because, "If the staff feel valued and supported, then you get excellent care."

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; Continuous learning and improving care

- The provider and registered manager understood their legal responsibility to inform people, and relevant others, if people suffered harm because of the care they received. The registered manager told us, "It is all about transparency and communicating any mistakes with relevant parties and sharing the learning."
- The provider promoted an environment which supported staff to work in a transparent and open way and learn from their mistakes and errors. They explained, "It is about setting the right culture. They are a team, and they need to learn together because you learn from each other's mistakes."
- Where adverse incidents had occurred, there was a robust process in place for sharing learning and developing the practices within the home.

Working in partnership with others

- The registered manager was building relationships with other organisations and healthcare professionals to benefit the people living at Hartshill and the wider community. One healthcare professional commented, "This home has been especially helpful when we are trying to support people in the community in crisis, with offering respite."
- The provider explained how they wanted to develop the service and build links with the local community. This included plans to introduce a regular 'Forget Me Not' coffee morning for relatives and visitors to develop their understanding of dementia.