

Perpetual (Bolton) Limited

Hartington House

Inspection report

14 Hartington Road
Heaton
Bolton
Lancashire
BL1 4DP

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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

About the service

Hartington House is a care home providing personal care to five adults with mental health conditions at the time of our inspection. The service can support up to six people in single rooms provided over two floors, with the staff office on the third floor. There are sufficient bathing and communal spaces to meet people's needs. Hartington House will be referred to as Hartington within this report.

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

The management team created individualised risk assessments to guide staff about maintaining people's safety. They ensured sufficient staffing levels met each person's requirements with a timely and safe approach. One person told us, "I've lived here many years and in all that time I've never felt unsafe because there's always a staff member around." The registered manager had effective procedures to ensure people received their medication safely and as prescribed.

The management team provided healthy meals to meet each person's nutritional needs. They agreed care plans with people to guide staff about their health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager provided a range of training to enhance staff skills and experience. One person said, "Staff are experienced enough to meet my needs."

The management team assessed and agreed personalised care centred on people's preferences. One person stated, "Love being here. Staff are really friendly." The provider underpinned staff skills with equality and diversity training to guide them in supporting people with their needs.

The registered manager assessed people's needs and agreed plans to support them. A staff member explained, "We sit down with [people] so they are involved in choosing their options." The registered manager provided a programme of activities tailored to each person's individualised needs. People confirmed they understood how to raise a complaint if they had any concerns.

The registered manager engaged with other agencies to improve people's quality of care. They undertook audits to check quality assurance and maintain everyone's welfare. People told us the home had an open, welcoming atmosphere. One person said, "[The registered manager]'s great. She has time to sit down and chat with you. It's a nice, calm atmosphere here."

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

Rating at last inspection and update

The last rating for this service was good (published 05 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hartington House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an inspection manager.

Service and service type

Hartington is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

What we did before the inspection

We reviewed information we gained about Hartington since our last inspection, such as feedback from the local authority and professionals working with them. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke about Hartington with three people, three staff and the registered manager. We walked around

the building to carry out a visual check. We did this to ensure Hartington was clean, hygienic and a safe place for people to live.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home, responded to any concerns and led Hartington in ongoing improvements. We checked care records of two people and looked at staffing levels, recruitment procedures and training provision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The management team created individualised risk assessments to guide staff about maintaining people's safety. They used evidence-based tools to monitor and evaluate each person's progress and developed care plans to meet their needs. People told us they felt safe. One person said, "Oh gosh, yes, I feel safe. They are there when you need them. I feel safe just knowing that."
- The management team monitored the environment and checked systems minimised risks of accidents to people. They reviewed incidents to assess for any lessons to learn or to implement change to improve the service.
- The registered manager regularly audited infection control practices to ensure people lived in a clean, safe environment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager trained their staff to enhance their skills in safeguarding people from harm or abuse. An employee stated, "I would speak with the manager if I had any concerns. I know who to contact."

Using medicines safely

- The registered manager and staff followed effective procedures to ensure people received their medication safely and as prescribed.

Staffing and recruitment

- The provider ensured sufficient staffing levels met people's requirements with a timely and safe approach.
- The registered manager followed safe recruitment procedures to ensure staff employed were suitable to support vulnerable people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team provided healthy meals to meet people's nutritional requirements and preferences. One person said, "The meals are really good." Staff assessed and monitored associated risks as part of each person's nutritional management.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager reviewed and agreed care plans with people to guide staff about their health needs. They worked closely with the community mental health team and other agencies to ensure the continuity of care and timely referral, where appropriate.

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service did not support anyone with a DoLS, but staff had a good understanding of related principles.
- The provider ensured the home was suitable to meet people's needs and regularly updated décor and furnishings for people's comfort.

Staff support: induction, training, skills and experience

- The registered manager provided a range of training to enhance staff skills and experience. This included medication, moving and handling, nutrition, person centred practice and infection control. One person told us, "I think the staff are properly trained. They are my go to experts."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The management team assessed and agreed care plans with people to maintain their independence. One person said, "We meet every so often when we sit down with [the keyworker and care co-ordinator] and talk about my support plan." Care was personalised and centred on each person's preferences.
- We noted some of the wording in care documents was not always appropriate. We discussed this with the registered manager, who assured us they would review and amend all records.
- People consistently stated staff were caring, kind and respected their privacy. One person told us, "The staff don't overcrowd you here, you have your personal space and privacy." Another person added, "Oh yes, I'm very happy here. The staff are lovely and I'm very grateful for their support."

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager promoted an ethos of individualised care focused on people's diverse and cultural needs. One person commented, "They get me. They get us all, you know, like we're all different, but the staff respect each of us and our own personalities."
- The provider underpinned staff skills with equality and diversity training to guide them in supporting people with their personalised needs. A staff member explained, "It's about always being polite and non-judgmental."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager assessed people's needs and arranged for them to visit Hartington before their admission to reduce their anxiety. This helped them to settle in and minimise the risk of an inappropriate placement. Following admission, staff discussed and agreed plans to support them. One person told us, "I get a chance to sit and talk about my care."
- Staff utilised proven tools to assess and review people on an ongoing basis. The registered manager said, "We use [a tool] and the key worker system to get better outcomes and work towards goals."

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

- The registered manager provided a programme of activities tailored to each person's individualised needs. One person stated, "We have loads to do, like going out shopping, holidays, games and all that. I have never got bored in all the time I've been here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager checked people's communication needs to support those with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- The registered manager supplied clear information to people about raising concerns and how these would be managed. They told us they had not received any complaints in the last 12 months. People confirmed they understood relevant procedures, but did not have any issues.

End of life care and support

- The provider did not provide end of life care at Hartington. Staff had detailed information about supporting people in an emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others; 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 registered manager engaged closely with other organisations to improve people's quality of care. They told us, "I meet with other service managers and we have speakers come in. The next one is from the local authority about quality assurance. It's sharing good practice."
- The management team held regular meetings with staff, following incidents, as part of their lessons learned process. An employee explained, "[The registered manager] is aware of what is going on. We have a group chat to share information and improve communication."
- People said the provider interacted openly and well with them when incidents occurred and involved them in service development.

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

- People told us they were supported to be empowered and in control of their day-to-day lives.

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

- The registered manager undertook a range of audits to check quality assurance and maintain people's welfare.

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

- The registered manager sought staff and people's feedback about living and working at Hartington. They completed an analysis of outcomes and we noted comments were positive about the home. This included, 'Provide great care whilst supporting us with our medical needs' and, 'Staff respect me when I want to do something.'
- Staff told us the management team was supportive and approachable. A staff member stated, "I like my job. If you have an idea I know you can run with it, so I feel I have a voice." Another employee added, "[The registered manager's] a good manager, you can call her anytime."