

Hart Care Limited

Hart Care Nursing & Residential Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hart Care is a residential care home providing the regulated activity of personal and nursing care to up to a maximum of 54 people. The service provides support to older people. At the time of our inspection there were 30 people using the service.

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

Since our last inspection, the provider had taken action to ensure the service was now well led. A new management team was in place who had the skills, knowledge and experience to perform their roles and improve the quality of care provided. The quality of the service people received was monitored and audited to help ensure it was consistently good.

Improvements had been made in how the service managed people's medicines. People's medicines were now administered safely and as prescribed for them. Staff received medicines training and had their competencies checked to ensure safe practice. Medicine audits and checks were in place to identify and issues or concerns. However, we made a recommendation in relation to ensuring best practice is followed in relation to medicines given through a patch on people's skin.

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. However, we made a recommendation with regards to records relating to mental capacity assessments and best interests' decisions.

Risks to people were regularly assessed with measures in place to mitigate them. However, we made a recommendation about updating care plans and risk assessments to ensure they reflect actions taken to manage risk.

People told us they were happy living at the service, they felt safe, and staff treated them with respect and kindness. Staff understood the importance of safeguarding people wherever possible from poor care and harm. When staff had any concerns about people, they knew where to escalate and report these concerns.

Staffing levels were sufficient to meet people's needs and staff were recruited safely.

Staff were being supported to complete a new mandatory training programme and refresher courses, to ensure they had the skills required to complete their roles. The induction training was also being improved and aligned to the Care Certificate.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

Staff told us they felt supported by the managers and provider and morale within the staff team had improved.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 August 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Hart Care Nursing & Residential 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

This inspection was carried out by one inspector, an assistant inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hart Care 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. Hart Care is a care home without 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

This inspection was unannounced.

What we did before the 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with one of the providers, the registered manager, deputy manager, four carers, the chef and the head housekeeper. We spoke with ten people living at the service and three family members. We contacted five health professionals and received three responses.

We reviewed a number of medication administration records (MAR). We reviewed a range of records. This included eight people's care records. We looked at three staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate people's medicines were always managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the service was no longer in breach of regulation 12.

- Improvements had been made in how the service managed people's medicines. Medicines were ordered, stored, administered, recorded, and disposed of safely.
- Staff followed systems and processes to ensure that people received their medicines safely and as prescribed. Additional information was available to help staff make consistent decisions about when to give medicines prescribed to be taken 'when required'.
- People were supported to self-administer medicines when those chose to do so, and a risk assessment had indicated it was safe.
- Staff completed medicines administration records (MARs) after they observed people taking their medicines. Some MARs were handwritten. These accurately recorded the medicine name, strength, and dose, but did not always contain additional information such as the need to give a medicine before food.
- Additional MARs were in use for medicines given through a patch applied to the skin. Staff recorded the site of application and checked regularly that the patch was still in place. However, for one person we saw the site of application was not moved as often as recommended by the manufacturers. This is needed to prevent skin irritation.
- Senior carers and team leaders were trained to support people to take their medicines. Their competence to do this safely had been checked, but not within the past 12 months as recommended in NICE guidance.

We recommend the provider ensure that best practice is followed as recommended in NICE guidance managing medicines in care homes.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed and information and guidance was included in people's care plans to enable staff to help reduce any risks.
- Records demonstrated care plans were being followed, for example, people were supported to move position to reduce the risks of pressure ulcers and where needed had their food and fluid intake recorded.
- Where people had been identified as at risk of falls, equipment was provided, such as, pressure alarm mats, personal alarms and walking aids to minimise risks.

- Staff had been trained in moving and handling and we saw that people were assisted to move safely.
- The premises were checked for their safety and routine tests were carried out to help ensure people lived in a safe environment.
- People with risks associated with their diet had plans in place to ensure risks were minimised. However, when people had lost weight, records did not demonstrate what action staff had taken to ensure people were protected from malnutrition and further weight loss. For example, although staff had contacted one person's GP when they had lost weight, care plans and risk assessments had not been updated to reflect what action was required or what action had been taken. This meant that staff may not have sufficient information to ensure that they were doing everything possible to reduce the risk of further weight loss.

We recommend the provider reviews care plans and risk assessments to ensure they fully reflect current risks and what actions have been taken to manage and mitigate risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe living at Hart Care and that staff were very kind and caring. One person commented, "Oh yes, very safe. It's a very safe place to live." Another person said, "Yes, I'm happy here, the carers are good as gold. The staff are always popping in every hour."
- People were protected from the risk of abuse. Systems were in place to ensure staff were aware of how to reduce the risks of abuse and avoidable harm, including policies and procedures and training for staff.
- The management team was aware of their responsibilities for reporting allegations of concerns to the local safeguarding team and the CQC.

Staffing and recruitment

- Our observations showed there were enough staff deployed to safely meet people's needs.
- However, we received mixed reviews about staffing levels from people living at the service. Some people reported that they had to wait a long time for staff to help them and others reported that staff always seemed to be rushed. One person said "I think the staff are very good. I have to wait when I ring my bell. A few more staff would help." A relative told us, "Staff do their best, we just have to wait our turn. They know his needs. It's reassuring to see staff visibility in the dining room to help out."
- Staff told us they felt staffing level had improved recently which allowed them to spend more time with people. One staff member commented, "We have a lot more staff now and the ratio is now brilliant. Before it was difficult. It means we can do more with people."
- The management team used a dependency tool to determine staffing numbers and reviewed staffing levels on a weekly basis to make sure there were enough suitably skilled staff to meet people's needs.
- The registered manager told us that maintaining staffing levels had been challenging since the pandemic, but they were constantly looking for ways to attract new staff including recruiting staff from abroad.
- The provider followed safe staff recruitment practices. Staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "The home is clean and tidy. It's swept and polished nearly every day." Another said, "It's improved over the last year, it's cleaner and fresher."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their friends and family safely and in line with government guidance.
- This was confirmed by feedback received from people and relatives.

Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The registered manager ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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

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.

- People confirmed staff sought their consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.
- Staff we spoke with demonstrated a clear understanding of the important issues around capacity and choice. One staff member told us, "It is a priority that residents have choice so when I go to a resident, I ask them what they want to do, what they want to wear. Some residents here do not understand actions and options, but the care plans give us guidance."
- Where people were deprived of their liberty, referrals had been made or were being made to the local authority to ensure this was done lawfully and in the least restrictive way. However, the registered manager was unable to locate records to demonstrate that people's mental capacity had been assessed or that meetings had taken place with relevant parties to ensure the decisions were being made in the person's best interests. We discussed what we found with the provider who assured us these had taken place but was unable to locate the records.

Whilst we saw no one was disadvantaged, we recommend the provider ensures that all assessments and best interests' decisions are made in compliance with the Mental Capacity Act 2005 and records are in place to reflect this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people using the service, a pre-assessment was completed which included aspects of personal care and specific needs the person had. This information was used to form the care planning documents.
- People and relatives, where appropriate, were involved with assessments. This ensured as much detail as possible was obtained to include people's choices as to how they wanted their care delivered to them.
- Nationally recognised assessment tools were used to obtain baseline information on the person.

Staff support: induction, training, skills and experience

- Staff were being supported to complete a new mandatory training programme and refresher courses, to ensure they had the skills required to complete their roles.
- Since starting at the service the new registered manager had identified that staff training needed improvement. To address the shortfalls an external trainer was brought into the service to set up a training package and training matrix.
- New staff followed an induction process that included specific training and shadowing experienced staff. The induction training was also being improved with staff receiving an induction competency booklet for them to complete aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Improvements were being made to staff support and supervision. A plan was in place to complete regular staff supervision developing them into a supportive mechanism used as an opportunity to develop each staff member.
- Staff told us they felt well supported by the provider, registered manager and deputy manager. One staff member said, "I feel more supported now [registered manager's name] is in charge. [Deputy manager's name] is lovely. Yeah, we have got good teamwork here."

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

- People were supported by staff to receive a balanced diet and sufficient fluids to maintain their health.
- People's nutrition and hydration needs had been assessed and care plans had been completed for staff to support these. Staff sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing.
- Where risks were identified, staff completed food and fluid records to monitor people's intake. However, we noted that some food intake records would benefit from additional detail of what food had been consumed and how much to ensure people were receiving sufficient dietary intake.
- People told us they were happy with the food provided, they had plenty to eat and were given choice of what they could eat and where they wished to dine. One person said, "There is a choice of meals, the food is very good."
- We observed mealtimes during the inspection. We found mealtimes were relaxed and very much a social occasion with good attentive support from staff.

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

- The service worked in partnership with external professionals, such as community nurses and GPs to support and maintain people's long-term health and well-being.
- People were supported to attend regular health appointments, including any specialist appointments.

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

- We saw the service had undergone significant refurbishment which had improved the living space and made the environment more comfortable and enjoyable for people to spend time in.

- People commented on how the decoration within the home had improved within the past year. One person said, "My room is nice and clean. For a big place, it's quite well looked after. There's lots of repairs going on and it will be wonderful when it's done." People's rooms were personalised to their taste.
- The service had been adapted and designed to meet people's needs. For example, people with mobility needs were supported with appropriate flooring and grab rails to support them. The premises included a lift for people to access the service safely and level areas to ensure those who needed mobility support were able to move freely.
- We noted there was minimal signage around the premises to help people identify and locate areas such as the lounges, dining room or toilet. However, the registered manager told us they had plans to improve signage within the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

- Since our last inspection, the provider had taken action to ensure the service was now well led.
- A new registered manager had been appointed in July 2022. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. The registered manager was supported by a deputy manager who had recently been promoted from within the existing staff team.
- The registered manager and provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. The management team told us there had been significant improvements to the service and they wanted to continue to improve the level of the care in the home and build on the good care the staff were already providing.
- The provider had a range of governance systems, and processes in place to assess the safety and quality of the service and identify areas for improvement. For example, they completed audits on care records, medicines administration and infection control. This gave the provider and management team an overview of the home, helping ensure people received safe, quality care and support.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Staff understood their roles, responsibilities and duties.
- The registered manager was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary.

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

- The registered manager promoted a positive, person-centred culture to ensure people received personalised care and support and achieve good outcomes.
- People gave us positive feedback about the care they were receiving and how the service was run. However, some people commented that did not know who the manager was and did not see them. Comments from people and their relatives included, "I don't know who the manager is. The home is well run, it's lovely", "It's a nice atmosphere, it's friendly" and "Two of my daughters are nurses/carers, they are happy with my care."
- Records demonstrated a person-centred approach to the care and support provided for people.
- People's care plans and risk assessments had been kept under regular review. However, some improvements were needed to ensure records reflected risk, actions taken to manage risk and appropriate mental capacity records were in place for all decisions.

- Morale within the staff team was felt to have improved. Staff told us they felt supported by the managers and provider and were positive about making changes to improve the care and support people received. One staff member said, "Yeah I would say staff morale has improved since he [registered manager] has been here but it can change from day to day. Everyone is really friendly, and they always help and there is always someone go to for advice."

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

- The registered manager understood the requirement to be open and honest when things went wrong. There were systems in place to ensure the provider worked in an open and transparent way.
- The registered manager and provider were responsive to feedback given during the inspection and had taken action to address points we identified that needed further improvement.

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

- People and relatives were given the opportunity to express their views and opinions. Annual surveys were sent out to people, enabling people to give feedback about the care and support they received.
- People were encouraged to take part in meetings where they could talk about the home. For example, at the last meeting people were consulted about what food and activities they would like and asked for their experience of living at the home. We were told meetings and coffee mornings were going to be held monthly.
- Staff had access to regular team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. Staff attended daily handovers to receive updates about people and the service.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals such as GPs, social workers, district nurses and dieticians. This helped promote and maintain people's well-being. One health professional commented, "There has been an improvement in clinical care since the last inspection. Communication has also improved with regard to weekly ward round calls and visits."
- The service had also been working closely with the local authority quality improvement team to improve care practices and ensure good outcomes for people living at the service.