

Buckland Care Limited

Hartwell Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hartwell Lodge Residential Home is a residential care home providing personal care to up to 32 people, some of whom live with dementia. At the time of our inspection there were 30 people using the service.

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

Quality assurance systems had improved since the last inspection and were overall effective in ensuring people received safe and high-quality care. However, we found audits needed improving in relation to topical medicines and Legionnaires. We have made a recommendation about this.

Staff were aware of risks related to people's care and how to support people appropriately. Staff knew how to whistle blow and raise concerns inside and outside of the organisation should they need to.

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.

There were enough staff deployed to support people with their needs and staff were safely recruited. We were assured the service were following safe infection prevention and control procedures to keep people safe.

The provider had worked hard to make improvements since our last inspection. The registered manager was responsive to feedback given and was dedicated to ensuring people received a safe, person-centred and compassionate service.

People, relatives and staff told us they were given the opportunity to feed back on the service. They were confident the registered manager would listen and act on any concerns. Everyone thought the service was well-led. People were happy living at Hartwell Lodge and staff enjoyed their work. We found the atmosphere to be positive and engaging.

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 requires improvement (published 25 May 2022). A breach of regulation in relation to good governance was identified. 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.

At our last inspection we recommended that improvements were made in relation to risk management, infection control, medicines, and duty of candour. At this inspection we found the provider had mostly acted on recommendations, although improvement in relation to topical medicines was still needed. Following the inspection, the provider improved their systems around this and we have recommended these are monitored to ensure they can be sustained and embedded into practice.

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 and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartwell Lodge Residential home on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hartwell Lodge 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

The inspection was carried out by 2 inspectors 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

Hartwell Lodge Residential 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. Hartwell Lodge Residential Home 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 inspection

We reviewed information we had received about the service since the last inspection. 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 reviewed notifications the provider had sent us. Notifications are sent when a significant event has happened in the service. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, kitchen manager, kitchen assistant, maintenance person, care workers and the area manager. We reviewed a range of records. This included 6 people's care records and people's medication records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 management of medicines needed improvement. This was in relation to 'as required' medicines, the recording of topical creams and stock control. We made a recommendation for the provider to improve their practice. The provider had implemented measures to address these issues such as additional training for staff and updating technology. These had mostly been successful but further work was needed in relation to topical creams.

- Records did not always provide clear guidance about the type and frequency of creams people required. Not all staff were aware of what creams people were prescribed. We saw no evidence people had been harmed and staff had good oversight of the condition of people's skin, but we were concerned this could increase the risk of issues with people's skin. We discussed this with the registered manager and area manager who acted promptly to introduce a more effective system. You can read more about this in the well-led section of the report.
- Overall, stock control of medicines had improved. There were still some issues with the electronic system, but the provider was working hard to address these, and it was evident people received their medicines as prescribed.
- People had care plans regarding the administration of their medicines. When medicines were prescribed 'as required' (PRN), protocols to guide staff were in place. This meant staff had appropriate guidance as to when people may need these medicines.
- People told us they were happy with the support they received with their medicines. For example, 1 person said, "They [staff] bring my medicines as regular as clockwork. I'm happy with the way they bring them."

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At our last inspection we made a recommendation that risks associated with people's support needs were managed in a safer way. The provider had made the necessary improvement.

- Risks to people's safety were well managed. Risk assessments were completed and there were appropriate measures in place to reduce risks for people. For example, risks relating to dehydration and constipation were now managed in an effective way. We saw prompt and appropriate action was taken for 1 person when staff recognised they were constipated.
- Staff knew people well and described ways they supported people to keep safe.
- The provider had systems in place to manage and monitor the safety of equipment and the environment.

These were mostly successful, but we did identify an issue with water temperatures which increased the risk of legionella. However, a recent water sample demonstrated no legionella and the provider addressed the issue promptly.

- Accidents and incidents were recorded and analysed monthly to identify themes and trends. The purpose was to reduce the risk of reoccurrence and improve safety.
- The provider identified lessons learned where possible and shared these within team handovers, meetings, and messaging within the home.

Preventing and controlling infection

At our last inspection we made a recommendation that the provider seeks reputable guidance to ensure they were effectively preventing and controlling the spread of infection. They had improved their practice.

- 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.
- 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 could have visitors as and when they wanted to.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Hartwell Lodge. We also observed people to be relaxed and happy when interacting with staff.
- The provider had clear processes for raising concerns within the home. Records showed referrals were made to the local authority safeguarding team where appropriate.
- Staff received safeguarding training. They knew how to recognise signs someone may be at risk of harm or abuse and who to report any concerns to.

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, 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff on duty and the provider had a system to work out safe staffing numbers according to the needs of people living at the home.
- We observed people receiving care from staff in a timely way and there were enough staff to support them.
- Staff were recruited safely and had the necessary skills to work with people. Records demonstrated appropriate recruitment checks had been carried out. These included a check from the Disclosure and Barring Service (DBS) which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection, a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective. At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation. However, further improvement was still required.

- The provider had improved their oversight and quality assurance processes. We found this had been largely successful and compliance had mostly been achieved. However, we found audit processes relating to topical medicines and legionella needed further improvement.
- Although topical creams were part of the providers auditing system, they had not picked up all the issues we found and had not driven sufficient improvement.
- Some aspects of legionella management were not part of the providers quality assurance system. They told us this would be included going forwards.
- The provider took concerns raised during the inspection seriously and acted promptly. The area manager and registered manager provided evidence following the inspection of improvements already made to their systems and processes. This assured us action would be taken to address issues identified. Time was needed to continue the improvement and embed this into practice.

We recommend the provider seeks reputable guidance to ensure the new systems introduced to ensure safety and high-quality care are effective.

- Staff had a clear understanding of their responsibilities in providing good care for people. This was evidenced through talking with staff and our observation of their practices.
- The provider was aware of their regulatory responsibilities and had notified us of incidents as required.
- The area manager, registered manager and staff demonstrated an ethos of continuous improvement. An action plan was in place to make improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits. An external health professional told us, "[Registered manager] and staff attend our care home meetings and I feel are keen to keep up to date with topics/issues.

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

- Staff supported people in a person-centred and knew them well. The registered manager led by example and worked in an open way with people, their relatives, and staff. Staff understood people's individual support needs, and this helped to ensure people received support that promoted their well-being.
- People and their relatives were happy with the service. Comments included, "I'm perfectly happy here and I've got people to talk to.", "I couldn't be in a better place. [Relative] chose this place and he couldn't have made a better choice." and "I'm very impressed [with Hartwell Lodge]. It's very clean and the staff are very good. The puddings are the best thing, I love the puddings and you can have seconds. The staff here can't help you enough."
- Staff consistently told us they felt the service was well led and they enjoyed their work. For example, a staff member said, "It's definitely well-led. You can talk to [registered manager] about anything and know it will get sorted out. We are all treated with respect. It's a homely home and feels like we are one big family."

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

At our last inspection, the provider had not kept sufficient records to show how they met the duty of candour. We made a recommendation for them to improve this. This was met.

- Records demonstrated the provider was open and honest with people and their relatives when an incident had occurred. They had been provided with information about the incident, support and an apology as set out in this regulation. Relatives also told us they were kept informed of any changes in people's needs or care as appropriate.
- Staff and people living at the service were encouraged to raise any concerns. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found feedback was positive and people were overall happy with the service. Where people had made suggestions, these were acted on. For example, in relation to outings and food.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to and were confident the registered manager would take their views and suggestions seriously to ensure improvement.
- We observed people and staff were treated fairly and individually respected. People and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, records and feedback from an external professional demonstrated this.