Porthaven Care Homes No 3 Limited

Hartfield House Care 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hartfield House Care home is a residential home providing personal and nursing care for people with aged related illnesses or who may be living with dementia. The service accommodates up to 62 people in one adapted building split into four separate wings, each of which has separate adapted facilities. At the time of our inspection there were 37 people living at the home, within three of the four available wings.

People's experience of using this service and what we found
People told us they were happy living at Hartfield House Care home. One person said, "I think it's a wonderful home. Everything is clean and tidy, my clothes are always nicely looked after, the food is superb, and the staff will do anything for you. What more can I say."

The overall feedback about the home from people and their relatives was very positive. However, there were two areas we have recommended that the provider needed to monitor due to feedback we had received, and observations made on the day of the inspection. The home was just over half full at the time of the inspection and people felt that as the home took in more people the level of care they were receiving was reducing. The registered manager explained that this situation was being closely monitored. For example, they were not opening the forth wing of living accommodation until staff were in place. The other area that had changed recently was the provision of activities. Activities in the months prior to the inspection had been more varied and abundant. Due to changes in staffing people had noticed the activity provision had significantly reduced to what they had been used to. The registered manager explained that recruitment was underway for new activities staff to address this.

People were safe and staff understood how to keep people safe from harm because risks to people's health and safety had been assessed and were well managed. Staff understood their roles and responsibilities in keeping people safe from abuse. On the day of our inspection there were enough staff deployed to keep people safe and meet their needs. Peoples medicines were well managed to ensure people had them as prescribed, or when needed. The home was kept clean and tidy to protect people from the risk of infections.

Staff received training and supervisions to enable them to provide a good standard of care to people. Assessments of peoples support needs was carried out prior to them moving in, to ensure staff were able to meet those needs and that the home environment would suit the person. People were supported to have enough to eat and drink. Feedback about the quality of the food was very positive.

The staff at the home worked closely with local healthcare professionals to ensure that people remained healthy. Where people became unwell the staff were well trained to assess the situation and involve outside agencies to help people in good time.

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 were very positive about the caring nature of the staff, and felt they were involved in day to day decisions about their care and welfare. People were treated with dignity and respect by the staff. People's feedback was welcomed and used to make improvements to the home.

Care plans had been developed with people to ensure their preferences and choices on how care was given to them were understood by staff. Staff knew the people they cared for as individuals and were seen to take time to sit and talk with them. Where people were at the end of their lives, they were supported by compassionate staff who delivered care and support in accordance with their wishes.

Quality assurance processes were in place and these ensured that a good level of care and support was given. The registered manager understood their role and responsibilities with regards to the Health and Social Care Act Regulations and had ensured the requirements had been met.

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 18 September 2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up:
We will continue to monitor intelligence 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?

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.

Hartfield House 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors, a nurse specialist advisor 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
Hartfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection
We reviewed the information the registered manager 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. This information helps support our inspections. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service for information to aid the planning of our inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and area managers. 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training and staffing rota data and quality assurance records.

Good

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 for 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 we spoke with told us they felt safe living at the home. This was reiterated by the family members we spoke with. One person said, "Yes I feel safe here, they make sure I get my medicines at the right time and they make sure the wounds on my legs are kept clean and properly looked after. I walk with a frame but there is always a member of staff that walks with me for safety."

● People were protected from the risk of abuse because staff had the knowledge and understanding of how to safeguard people. One relative said, "Absolutely she is safe here. It feels safe and secure here". Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. On staff member said if they saw people being hit or mistreated, "I would report it, it's definitely a safeguarding. We don't tolerate that."

● Staff demonstrated an awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

● Hazards to people's health and safety were identified, assessed and plans put into place to minimise the risk of harm. Clinical risk assessments were used to assess people's risks
such as weight loss, skin integrity, moving and handling and behaviours that may challenge. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis .

● Staff understood how to promote people's independence and freedom yet minimise the risks and this was confirmed by the people we spoke with. One person said, ""The staff come around in the night to see that we are all okay, some people have a mat beside their bed that tells the staff if they get up because they don't all remember to use the bell."

● To minimise the risk of falls, staff checked people's footwear to ensure it was appropriate for them. Staff encouraged people to use mobility aids such as walking frames. For example, one person's walking frame had a favourite personal item stored in the attached basket. This reminded the person that the frame was theirs and that it should be used when they wanted to walk.

● Regular maintenance checks were completed on aspects of the environment to ensure their safety such as fire safety, gas and electricity. A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans to ensure that they would be supported to leave the building in a safe way should the need arise.

Staffing and recruitment

● There were enough staff to meet people's needs, and staffing levels were under constant review by the registered manager. However, we had mixed responses when we asked people if they felt there were enough staff to meet everyone's needs. One person said, "You do sometimes have to wait a bit when you want help with washing, but I think they get to you as quickly as they can, and they are very polite and considerate." A relative said, "There is never a problem with staff. There is always someone around."
● During the inspection we heard call bells being attended to in good time, and saw that staff had time to talk with people and support them to walk around the building without rushing.
● The registered manager explained how the home was slowly filling with people, and although staffing ratios had been increased to match needs, some people had the impression there were less staff. A relative confirmed this when they said, ", "Up until Monday there were only two care staff (on one unit). From Monday there seems to be three."
● The increase of new people being admitted into the home was being balanced with the recruitment of new staff to ensure needs were met. The registered manager explained they had a new unit that was completely empty, which they would not consider admitting people in it until the correct staffing level was in place. A review of staffing rotas showed that the levels of staff matched the identified needs of the people who live here.

As the home was just over half full at the time of the inspection we recommend the registered manager continuous to review staffing levels and consider peoples' feedback as the home continues to fill with new admissions.

● The provider operated safe recruitment procedures. Prospective staff had to submit an application form and attend a face-to-face interview. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely
● Peoples medicines were managed in a safe way, and they received them as prescribed, or when needed. The home used an electronic medicine administration records (MAR) charts which had photographs of people and important information about them , such as allergies. This meant that staff that may be unfamiliar with people because they were new to the home, or were agency staff, were able to safely identify people they were administering medicines to.
● Staff responsible for administering medicines had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for anxiety or pain relief. Where errors had occurred with people's medicines, appropriate action was taken to investigate and resolve the situation.
● Medicines were stored securely with monitoring in place to ensure storage temperatures where within the manufacturer's guidelines. To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels.

Preventing and controlling infection
● People said they were happy with the cleanliness of the home, and we saw that staff followed good practice guidance with regards to minimising the spread of infection. One person said, "Yes they do wear gloves and aprons when they help you in the bathroom."
● There were systems in place to manage infection prevention and control. Staff practice around hand hygiene use of personal protective equipment (PPE) where regularly checked by managers and team leaders, Audits on the cleanliness of the environment which included the kitchen area, disposal of waste, spillage and contamination, specimen handling and decontamination were regularly completed. Anything

which required action to correct had been completed by the nominated infection control lead .
● On the inspection day staff were wearing appropriate PPE when providing personal care and assisting people. Alcohol gels and paper towels were available in the hallway and toilets. There was adequate hand washing facilities for staff to minimise the risk of spreading infections.

Learning lessons when things go wrong
● Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
● This was demonstrated where a medicine error had taken place. This had been resolved in line with the provider's medication errors reporting policy for the home and appropriate action taken. For example, staff had monitored the person, checked vital signs, and reported to the GP to ensure the person was safe. The family had also been informed as part of the duty of candour, which means the provider must be honest when a mistake or incident has occurred . Staff said lessons had been learned from this incident and felt supported by management.

Good

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 had been assessed prior to them moving into home to ensure staff had the skills and experience to meet their needs. One person said, "They went through all my medical history with me when I came, so that they knew all about me." People's needs continued to be assessed as and when needed, such as with changes in their health. The assessments considered any protected characteristics under the Equality Act, such as religious needs.

● People and their relatives gave positive feedback about the assessment process. One relative explained how the home staff had been, "Great at getting the assessment sorted," when organising their relative's discharge from hospital. Another relative said, "She was assessed very quickly - and thoroughly I might add, and so far, the care has been exceptional."

● The assessments were detailed and identified the areas in which the person required support. The process used nationally recognised assessment tools, such as the Malnutrition universal screening tool (MUST) and Waterlow Score. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based and gave a clear indication of the support each person needed.

Staff support: induction, training, skills and experience

● People were supported by staff that received training to enable them to meet their care and support needs. One person said, "Yes they are all very well trained. I think they pick the staff very carefully. It they're not up to the mark they don't keep them." Staff training was completed using a nationally recognised process. Care staff completed the care certificate and observations of their practice was undertaken by the home's trainer to ensure standards were met . 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.

● There was a thorough induction process for new staff to ensure they understood their roles and responsibilities. New staff had a four-day induction with the trainer. This included practical training in fire safety, moving and handling, as well as topics such as falls prevention, promoting independence, safeguarding and signs of abuse. Following induction, care workers were assigned a mentor and worked two to three shadow shifts with them to learn about the people they supported.

● Nurses had good working knowledge of people's individual needs and how to meet them in a person-centred way. For example, when discussing people's care plans with the nurse on duty it was clear that they knew people by their names as well as their needs.

● Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

● People were supported to eat and drink, and they told us they enjoyed the food. One person said, "They will do anything for you, whatever you want you can have it. Ask and it's there almost before you've turned around. If you don't fancy what's on the menu you can ask for something else - but the food is really nice." One relative said, "He seems to enjoy the food and the portions are just right for them."

● People's dietary needs were identified in their individual care records, and support was given when needed. People's needs with regards to modified diets were known by kitchen and care staff. Guidance for the chef and kitchen staff on who was on special diets and fortified meals was clearly displayed in the main kitchen. The effectiveness of this was reviewed by people's weights being monitored by staff, and where this varied appropriate action had been taken. Records showed that instructions from a dietician had been followed and these people's weights were now stable. One person said, "The food is absolutely lovely."

● People were given choices, for example, if they had changed their mind on what they had ordered the day before they were given an option to choose a different meal. The meals were well presented so they looked appetising and staff who served the meals were cheerful and spoke to people with dignity and respect.

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

● People told us they had access to outside healthcare agencies when they needed them, and staff supported them when they became unwell. One person said, "They catch on if I'm not feeling 100% and before you know it the nurse is there to check you over. If they think it's necessary, they call the doctor. I think we are very well looked after."

● Staff supported people to see external healthcare professionals regularly such as dieticians, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

● People's changing needs were supported due to good levels of communication between the staff teams. Team meetings took place to share knowledge and information to ensure a continuity of care and support. This included shift handover meetings where staff from earlier shifts passed on important information about people's care and support to the staff just arriving.

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

● The home was designed to meet the needs of people. The environment was well lit, the corridors wide and were fitted with rails to aid with mobility. The flooring was free from obstructions to minimise the risk of falls. Bathrooms were accessible due to the presence of 'wet rooms' for people to have showers. For those people that preferred a bath, specialist baths were also available in some of the bathrooms.

● There were signs on communal doors including the bathrooms and toilets to help orientate people. There were also lifts to assist people who lived on the first and second floors to access the ground floor conservatory and outside spaces.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us that staff always asked their permission before giving support and they were involved in all decisions around their care. Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
● Some people had limited ability to communicate their consent to care. We observed staff taking time to give people the best chance at understanding and consenting to care. Where people were sat down, staff lowered themselves to people's eye level when talking to them. Staff used a gentle touch on the arm to alert people to their presence before speaking to them, making sure they had eye contact and speaking quietly and with a smile. Their manner was reassuring and calm and people reacted positively to this.

Good

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 told us that staff were friendly and gave them the care and support in a way they wanted. One person said, "The girls are lovely and friendly." Another person said, "Yes, there are lots of different staff which takes a bit of getting used to, but they are all very good."
- Staff took time to sit and talk with people, engaging them in conversations about current events, or talking about their lives and experiences. Staff were able to tell us details of people's life before they entered the home. They knew what they had done as a job, where they had lived and what their family situation was. It was clear they had knowledge of the person as a person not just as someone they cared for within their work environment.
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences so that staff could support them. The registered manager said, "We want to engage with the local LGBTQ (lesbian, gay, bisexual, transgender, queer) community to assist with making Hartfield House LGBTQ friendly."

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

- People were involved in how their care and support was given and wherever possible their preferences were respected. One person said, ""I love it here, it's homely and the staff are always so patient and cheerful. They don't mind what time you get up or what time you go to bed, if I want a lie in they don't make a fuss about it." Another person said, "When I came they asked me what I liked to be called, they didn't presume to call me by my first name, they asked me how I wanted them to address me."
- People told us that staff were kind and helpful and we heard staff talk with people in a kind and compassionate manner. For example, when a person was being supported to make the transition from a walking position to a chair, staff positioning the chair to make it easier, and guiding the person through the process step by step. They offered re-assurance and spoke kindly to people which resulted in people being relaxed with staff.
- Throughout the day we were conscious of the caring and compassionate way staff treated people, and how their opinions and input were sought for each decision being made.
- Staff involved people in decisions around their care and support when they first came to the home, and during daily care and support provision. One person said, "They went through everything they were going to help me with when I came in and it was all explained to me." A relative said, "They are proactive at personalising care and insist that dad answers for himself rather than following what mum said when she answers for him."
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

● People were supported by staff who respect them. One person said, "I can honestly say I've never had a member of staff be anything other than kind and polite to me. They are always so pleasant and smiling. At my time of life, you don't want long faces and grumpy people. I don't know how they do it, but they are always smiling. It's a real lift at the start of the day. It makes you feel better."

● Relatives were positive about how their loved ones were treated. A relative said, ""I think the staff are all exceedingly kind and compassionate and I think the home works hard to give people the best quality of life they can have. Nothing is too much trouble."

● People were supported to maintain relationships, and staff were aware of the risks of people becoming lonely. One person said, "I spend quite a lot of time in my room, I like to leave the door open, so I can see people going past otherwise it gets lonely. The staff always stop and check I'm alright when they go past." Another person said, "My family can come in whenever they want."

● Wherever possible people were supported to maintain their independence. One relative said, "Before she came in here she was a [home cosmetics salesperson]. The staff organised a stall for her to have in the home and helped to distribute the catalogues, so she could carry on doing it. They really put themselves out to help people maintain their independence ."

● People's dignity was maintained by staff when needed. Were people had items of clothing that became loose, or dishevelled, staff were quick to put things right.

Good

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.

End of life care and support

● The care and support people wanted at the end of their lives was discussed with them and their loved ones. A relative said, "My [family member] is at the end of their life. The staff are very caring and compassionate. Nothing is too much trouble and they have utter respect for him. They are caring not just for him but for the whole family at this very stressful time."

● We noted that the care records for end of life support were inconsistently completed. For example, staff told us that they had sought information from relatives but had not yet had the information back for them to develop a completed end of life care plan for everyone. The family of one person were present on the day of inspection, said they were happy with the care being provided and that the person was comfortable, and their preferences where being met.

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

● People had access to a wide range of activities many of which had impacted people's lives in a positive way. However, at the time of the inspection the home was half full, and there were staff changes underway within the activities team that meant the level of activity had recently dropped. One person said, "Usually there's lots of activities going on and it's a shame nothing has been properly organised to fill the gap whilst the [staff] were away. There's not even a film on for us to watch." A relative said, "You read the list of what is going on, but it doesn't always happen."

● The variation in activities was confirmed during our inspection, as we saw that the activities timetable for people had been more varied and individualised prior to the change in staffing. The registered manager explained that this should go back to normal as they had new activities people going through the induction process.

● The drop in activities due to changes in staff highlighted that there was a high reliance on one or two staff to develop and provide this service, rather than all staff being responsible. This was further evidenced when we saw that the home had an interactive table for playing games and stimulating people's minds and bodies. People, their relatives and the staff in that area were unable to tell us when they had last seen it in use.

● Where activities had taken place previously people were very positive about them. One person said, "Usually there's activities going on. Sometimes we go out for a trip, sometimes we have an entertainer come in. You can have your hair and nails done and sometimes there's dancing. It's a shame you're not here to see it. I like joining in." A relative said, "The activities staff always comes and asks Mum if she'd like to join in with whatever is going on. Even if she says no nine out of 10 times. She'll still come back and ask and every now and again she says yes. She has a nice approach, encouraging but not pressuring, and always with a smile."

We recommend the provider continues to develop the activities provision within the home to return it to its earlier high quality and ensure this can be sustained as the home gets closer to being full.

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

● People told us they received care and support that met their choices and preferences. One person said, "When they did my care plan, they asked whether I minded having a male carer and I said I didn't want one. They have respected that totally." A relative said, ""Yes, the support Mum receives here is very focused on what she personally needs. The care is second to none. They were very thorough in assessing her needs in the first place and they are very open about things. They always keep me up to speed with how she is."

● Each person had an individualised plan that they or their relatives helped to develop. These told staff about the person and the care and support they needed. One relative said, "I think the devil is in the detail. The staff came and spent time with us drafting the care plan when she came in. Sometimes Mum doesn't answer quickly and it's tempting to answer for her, but the staff didn't mind about the long pauses, she just waited patiently for Mum to think about what she wanted to say."

● Staff were knowledgeable about people and their needs. Daily notes completed by staff gave information about the support people had been given, their moods, and general state of health. A review of these notes showed that the care staff had given matched that specified in people's care plans. A relative said, "I rank this as the best care and I feel people have a better quality of life than when they were at home. They are thriving, and the home has probably prevented Dad from having to be hospitalised because they are so proactive with the care."

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.

● Staff understood people's communication preferences, and ensured information was supplied in a manner which met those needs. For example, technological tools were in use to help people who were blind or partially sighted. The voice activated devices were used by a person to tell them the time, give information about news, play music and enabled them to listen to audio books. This made the person feel more independent and less reliant on staff.

● The home had joined the local library service which gave people access to books in alternative formats, such as large print.

● People's communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the persons preferred methods of communication.

Improving care quality in response to complaints or concerns

● People understood they could make a complaint if they were unhappy about the service, and that their complaints would be responded to. A relative said, "I've never had any reason to complain, but if you mention anything they deal with things straight away the staff are really flexible. They want people to be happy."

● Information was provided to people and their relatives about how to make a complaint. This was displayed around the home. The providers complaints policy set out clear timeframes for responding to complaints and how they would be dealt with. Where complaints had been received these had been responded to in accordance with providers policy.

Good

Is the service well-led?

Our findings

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People spoke positively about the management of the service and told us they would recommend the service to others. A person said, "I would recommend it to anyone who needed care. I think it's a very happy place by and large." A relative said, ""They've done a fantastic job. Everyone is super friendly, it's transformed my life because [my family member] is well cared for. It's far more than I ever expected." Another relative said, "They showed incredible flexibility and the care is so good, I can go home and not worry about her."
● The registered manager and her team were proactive around the home to ensure a good standard of care was given. Relatives said that the management were visible and approachable. One person said, "Yes, the manager is always around, and you can go and see her if you want."
● The examples set by the management team drove staff to be person centred and be positive about making changes to improve the care and support people received. One relative said, "The manager was so helpful in getting Mum in and settled. Looking after her and making sure we knew what was happening and how she was. The care staff are absolutely brilliant. Everyone seems to work as a team, you never see any sign of friction between the staff. I would wholeheartedly recommend it."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
● Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way to us which meant we could check that appropriate action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● Staff told us they felt supported and respected in the work they did. Staff were involved in making improvements and ensuring that a good standard of care was given to people. Staff roles included completing health and safety checks and ensuring fire safety on a day to day basis.

● Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment. These had been effective at identifying areas for improvement and ensured that changes were made to correct any issues identified.
● The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.
● The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were actively encouraged to help run the service and make improvements within the home. There were regular meetings held for people and their families to share information about what was planned for the home and seek their ideas and views.
● Feedback was regularly sought form people, their relatives and staff using questionnaires. The results from these had been very positive. One person said, "I have had feedback forms. I do think they do a very good job and I wouldn't want to be anywhere else. I can't think of anything they need to improve on."
● Daily handovers meetings were used as a platform to involve staff in discussions about the home. Staff meetings also took place, in accordance with the providers policy, over the course of each year to discuss people's health and welfare and reflect on changes that may be required.

Working in partnership with others
● Developing partnerships within the community had become a high priority at Hartfield House Nursing Home. The registered manager attended the local care home forum and planned to attend the registered managers network.
● Several projects were underway to enhance people's lives and make the home a useful addition to the local community. Leisure and wellness initiatives included links with local libraries, museums, arts and crafts societies as well as exercise and dance activities.
● People's suggestions for the home to be more involved in 'multigenerational' community engagement had resulted in a number of positive projects with family and young people coming to the home. A nearby children's centre had been closing so the staff at the home held event for local families which ended up being a monthly 'Stay and Play' activity. Local schools also regularly visit people at the home. Activities have included concerts and dance performances, to supporting local army and police cadets to support their community engagement projects.