

Hartford Hey Limited

Hartford Hey

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

Hartford Hey is a residential care home which provides accommodation and personal care for up to 28 older people, some of whom have dementia. At the time of our inspection, 20 people were living at the home.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People still felt safe living at the home. Staff had received training in, and understood, how to recognise and report abuse. Plans were in place to reduce any risks to people's safety and wellbeing, which staff were aware of and followed. People's needs were met safely, as appropriate staffing levels were maintained. People's medicines were handled and administered by trained staff in accordance with the provider's procedures.

People still had confidence in the knowledge and skills of the staff supporting them. Staff received a structured induction, and had ongoing training and support to enable them to work effectively. People's right to make their own decisions was understood and respected by staff. People's dietary and nutritional needs were assessed and managed, with appropriate specialist input. People were supported to access professional medical advice and treatment when they needed this.

Staff treated people in a kind and caring manner, and took the time to get to know people well. People's involvement in decision-making that affected them was encouraged, and their views on the service were welcomed by the provider. Staff treated people with dignity and respect.

People received care and support that reflected their individual needs and requirements. They had support to participate in a range of social activities. People knew how to raise complaints and concerns about their care, and felt comfortable doing so.

The management team promoted an open, ongoing dialogue with people, their relatives and the community professionals involved in their care. Staff were clear what was expected of them at work, and had confidence in the management team's ability to act on issues. The provider carried out audits and checks to assess, monitor and improve the quality of the service people received at Hartford Hey.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hartford Hey

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 22 September 2017 and was unannounced.

The inspection team consisted of one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 10 people who used the service and two relatives. We also spoke with two district nurses, an advanced nurse practitioner and a community physiotherapist. In addition, we spoke with the managing director, registered manager, four senior care staff and three care staff.

We looked at three people's care records, complaints records, medicines records, three staff members' recruitment records and records associated with the provider's quality assurance systems.

We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People still felt safe living at Hartford Hey. One person told us, "I'm very happy here. I've been made to feel safe and I am competently treated." People and their relatives said they were particularly reassured by the friendly and caring attitude of the staff working at the home. One relative told us, "Yes, I feel [person's name] is safe here. I know they (staff) all think the world of them; they are more like family than staff."

The provider continued to take steps to protect people from harm and abuse. These included training for all staff on how to recognise, respond to and report abuse. On this subject, one member of staff said, "I would go straight to the manager. If it was a weekend, I'd still inform the manager, but I would also take action myself and ring safeguarding." The provider had procedures in place to ensure information about anyone at risk of or suffering abuse was shared with the appropriate agencies, such as the local authority or police.

The risks to individuals' safety and wellbeing had been assessed, recorded and kept under review by the management team. Plans had been put in place, and communicated to staff, to manage these risks. For example, where people were at risk of pressure sores, pressure-relieving equipment, skin integrity checks and barrier creams were in use. The management team closely monitored 'key indicators', such as any falls, infections, and pressure sores to identify and address any underlying causes.

People, their relatives and staff felt the staffing levels maintained at the home enabled people's needs to be met safely. During our inspection visit, we saw staff were able to respond to people's needs and requests without any unreasonable delays.

People were satisfied with the support staff gave them with to take their medicines safely and as prescribed. People's medicines were handled and administered by trained senior care staff in line with the provider's procedures and best practice guidelines. Staff underwent monthly medication competency checks and maintained accurate and up-to-date medication administration records (MAR charts). People's medicines were stored securely in individual locked cabinets within their bedrooms.

Is the service effective?

Our findings

People, their relatives and the community professionals we spoke with continued to have confidence in the skills and knowledge of the staff at Hartford Hey. One person told us, "They (staff) are smashing and very knowledgeable." Another person said, "They (staff) are very confident. They always see to my needs."

All new staff completed the provider's induction training to help them settle into their job roles. This included the opportunity to work alongside more experienced colleagues and covered the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Following induction, staff participated in a rolling training programme, which reflected their duties and the needs of the people living at Hartford Hey. Staff spoke positively about their induction and ongoing training. One staff member said, "We seem to be given quite a range of training, and we're up to date on everything."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and staff understood people's rights under the MCA. One staff member told us, "You always assume people have got capacity. Just because a person has dementia, it doesn't mean they don't have the capacity to make their own decisions. You just need to take that extra time with them to help them make decisions." We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at. DoLS applications had been made, based upon an assessment of people's capacity and their individual care and support arrangements. Where DoLS authorisations were granted, the registered manager understood the need to review and comply with any associated conditions.

People's nutritional needs, and any risks associated with their eating and drinking, were assessed, recorded and kept under review by the provider. Where appropriate, the provider sought specialist advice from the local speech and language therapy team and others, to ensure people were able to eat and drink safely and comfortably. People told us they had enough to eat and drink, and were supported to choose between the meal options available.

People, their relatives and the healthcare professionals we spoke with told us staff monitored people's general health, and helped them seek professional medical advice and treatment if they were unwell. One relative said, "When I notice things, like potential signs of a urinary tract infection, and raise it with staff, I find they are on to it already. They've got to know [person's name] well and are picking up on things as quickly as I did when I was their carer."

Is the service caring?

Our findings

People, their relatives and the community professionals we spoke with still felt staff adopted a kind and compassionate approach towards their work. They used words like "friendly", "caring" and "courteous" when describing the staff team. One person told us, "I get nothing but smiles from staff; I've never seen anyone scowl or frown. They're spontaneous smilers!" A relative said, "They (staff) are fantastic; they are all such lovely people." A healthcare professional told us, "I've only ever seen caring attention from staff."

During our inspection visit, staff demonstrated their caring attitude, and their concern for people's comfort and wellbeing. Upon seeing people for the first time that day, staff greeted them warmly and complimented people on their appearance. Staff also prioritised people's needs and any requests for assistance throughout our time at the home. In addition, as people moved around the home, staff monitored their movements and alerted them to any potential obstacles in their path. We saw people laughing and smiling in response to their interactions with staff.

The management team and staff took steps to encourage people to share their views about their care, and be involved in decision-making that affected them. During our inspection visit, we saw staff consulted with people about routine care matters, such as how they wanted to spend their time that day. People's care files contained information about their communication needs and preferences, in order that staff could promote effective communication with them. When developing and reviewing people's care plans, the registered manager involved people and their relatives, as appropriate. 'Residents meetings' were also held on weekly basis as a further means of consulting with people and gathering their views about the service. The provider had the facility to access or produce information in alternative formats, such as large print, to assist people's understanding and involvement. We saw an example of the pictorial materials used to aid food and drinks choices during our inspection visit.

People's rights to privacy and dignity were still understood, and protected, by staff. As part of this, staff sought to promote people's independence. One relative explained, "They (staff) have always let [person's name] try to get up, wash and dress themselves. They're a proudly independent person, and staff manage that really well." During our inspection, we saw staff addressed people, and responded to their personal care needs, in a respectful and dignified manner. One staff member explained, "I treat people the way I expect to be treated, then you can't go far wrong."

Is the service responsive?

Our findings

People still received care and support shaped around their individual needs and requirements. One person told us, "Everything I could reasonably want or need is supplied to me here. If someone wanted me to find fault with my care here, I'd be hard-pressed to find any." During our inspection visit, we saw staff adjusted their approach, communication and the nature of the support provided to suit the individual. This included the help people received to move around safely, and to eat and drink in comfort.

People and their relatives were happy with their level of involvement in care planning. One relative explained, "They (management team) always involve me in any decisions. They ring me up and keep me informed of anything affecting [family member's name]." People's care plans were individual to them, and covered a full range of needs. Aside from clear guidance on how to meet people's individual care needs, care plans also explained what was important to the individual and their preferred daily routines. Staff understood the need to follow people's care plans, and told they had time to read and refer back to these.

Staff supported people to participate in a range of social activities. These included both in-house activities and sessions led by external groups and entertainers. One relative described how much their family member enjoyed the fun exercise activities organised by staff, using beanbags and balls. During our inspection visit, people were being entertained by a visiting musician, participating in a mindfulness art therapy session and singing along to music with staff.

People and their relatives were clear how to raise a complaint with the provider, and told us they felt comfortable doing so. One relative told us, "I would probably go to (senior care staff) first, but I haven't got any problem speaking to any of them (staff)." The provider had developed a complaints procedure to encourage consistent handling of complaints. We saw that previous complaints received by the provider had been recorded and responded to appropriately.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager demonstrated a good understanding of the duties and responsibilities associated with their post, included the need to submit statutory notifications in line with their registration with us. They confirmed the provider gave them the resources and support needed to manage and improve the quality of the service.

People, their relatives and community professionals spoke positively about the overall management of the home and their relationship with the management team. One person told us, "I've only got one word for you about the home: excellent." A healthcare professional told us, "[Registered manager] always seem like they know what they're doing. They know why we're there and they know the residents well." People and their relatives described an open, inclusive culture within the service, which enabled them to freely share their views and ideas with the management team. A relative told us, "I'm comfortable speaking to [registered manager] and [managing director] about anything."

Staff were clear what was expected of them and had confidence the management team would act on any significant issues or concerns brought to their attention. One staff member told us, "[Registered manager] has taught me so much. They have always been there and they lead well." Staff talked about their work the people who lived at the home with clear enthusiasm. They felt a sense of shared purpose and direction with the management team. One staff member explained, "They (management) want the best for the residents as we all do."

The provider carried out a range of activities, audits and checks to assess, monitor and look for ways to improve the quality of the service people received at Hartford Hey. These included the ongoing monitoring of any incidents, accidents and complaints, use of feedback questionnaires and a range of health & safety-related audits. These quality assurance activities had resulted in a number of improvements to the service. Amongst these, the standard of cleanliness had been raised, and people were now involved in the staff recruitment process.