

Care 24-7 Leicester Limited

Hartington Road Care Home

Inspection report

75 Hartington Road
Leicester
Leicestershire
LE2 0GQ

Tel: 01162425779

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16 May 2019

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27 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hartington Road Care Home is registered to provide accommodation for up to eight people who have a learning disability and/or mental health needs. Accommodation is over two floors. There are six single occupancy rooms and one shared room, two communal lounges, two kitchens, and a secluded garden area. At the time of inspection there were six people using the service.

The service has a 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.

The service incorporates the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service

People were safe at Hartington Road. They had trusting relationships with staff who knew how to protect them from harm. The home was well-staffed and people were supported in the home and in the wider community. Staff managed people's medicines safely. The home was clean and tidy throughout.

People's needs were assessed before they came to the home to ensure they could be met. Staff had the training they needed to provide good quality care. The home provided a nutritious range of halal, vegetarian and traditional English meals. Staff ensured people's healthcare needs were met. Staff knew how to support people in making decisions and choices about their care and lifestyle.

The staff team were caring and kind. People sought staff out when they needed assistance or company. The home was multicultural, celebrated diversity, and met the needs of people from a variety of cultural and religious backgrounds. Staff supported people to have contact with their families and friends. People were encouraged to be as independent as possible and make choices about their lifestyles.

People had personalised care and staff were responsive to people's needs. They communicated with them in their preferred language, reassured them if they were distressed, and encouraged them to take part in social and leisure activities. Staff used pictures and symbols to assist people to communicate and understand information. The staff team were multilingual and spoke with people in English and Asian languages.

The home had a calm and happy atmosphere. It was well-managed, and people and staff had a say in how it was run. Care workers told us the registered manager always put the people using the service first and was

supportive of the staff team. The home's quality assurance system ensured all aspects of the service were audited and improvements made if necessary.

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

Rating at last inspection

At the last inspection we rated this service as Good (report published on 18 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 any concerning information is received 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.

Hartington Road Care Home

Detailed findings

Background to this 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Hartington Road Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both 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

We carried out this unannounced inspection on 16 May 2019.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection visit we saw how the staff interacted with people who lived at the home. We spoke with two people using the service and spent time with others. We spoke with the registered manager, deputy

manager, and two support workers.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe at Hartington Road. They were calm and settled and had relationships of trust with staff. We observed that if they became anxious or distressed they turned to staff for support.
- The provider had systems in place to protect people from abuse and avoidable harm. If concerns were raised managers and staff worked with the relevant agencies, including the local authority and CQC, to address these.
- Staff were trained in safeguarding and knew what to do if they had any concerns about people's safety. For example, care workers knew to report concerns to the registered manager and to the local authority if necessary.
- Safeguarding information was on display in the home in pictorial form to help people learn about abuse and what to do if it happened. The display included telephone numbers of organisations people could call for support if they needed it.

Assessing risk, safety monitoring and management

- The managers assessed all potential risks to people and put care plans and risk assessments in place so staff knew how to minimise risks without taking away people's independence.
- Staff told us how they supported people safely. For example, a care worker explained that when they accompanied one person out into the community they put measures in place to ensure the person could cross roads safely.
- Records showed risk assessments were personalised and regularly reviewed. Staff signed to say they read and understood risk assessments. Risk was discussed at handover meetings so staff were up to date on how to keep people safe.
- The provider had a system of checks in place to ensure the premises and equipment were safe and fit for purpose.
- Each person had a personal emergency evacuation plan. People took part in regular fire drills. Fire information was clearly displayed in pictorial formats to ensure it was accessible to people.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff numbers ensured people had support when they needed it and could go out into the local community when they wanted to.
- Staffing levels were flexible. For example, when a person was in hospital the registered manager put extra staff members on duty so they could stay with the person while they received medical services.
- Managers and staff worked as a team. They had a flexible approach and undertook all the jobs required in the home including care work, cleaning and cooking.
- The provider's recruitment policy and procedure ensured that only suitable staff were employed to work

in the home. People using the service were invited to take part in staff interviews and to have a say in who was recruited.

Using medicines safely

- Staff managed medicines safely. Only trained staff whose competency had been checked were authorised to give out medicines.
- Staff knew what to do and who to tell if a person refused their medicines. A care worker said, "I would tell the manager and they would contact the GP as it's not safe for someone to do that."
- Some people were on 'as required' medicines. There were protocols in place to ensure staff knew when and how these were to be administered.
- Medicines were stored safely and appropriate administration records kept.
- The home's contract pharmacist regularly inspected the home's medicines supplies and documentation and provided advice to staff on request.

Preventing and controlling infection

- The provider had systems in place to ensure people were protected from infection. The home was cleaned to a good standard, fresh and tidy.
- Staff were trained in infection control and used personal protective equipment, including gloves and aprons. They followed good practice guidelines which included washing their hands thoroughly and operating safe cleaning schedules.

Learning lessons when things go wrong

- The registered manager had systems in place to record accidents/incidents and learn from them to try and prevent future occurrences.
- Following any accident/incident managers reviewed risk assessments and ensured staff were aware of any changes to people's risk profiles.
- The registered manager gave us examples of how lessons had been learnt from incidents. For example, staff worked in twos with one person to ensure both they and the staff remained safe.

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

Good: 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

- Managers assessed people's needs before they were offered a place at the home. They were given the opportunity to visit the home prior to admission to meet the people and staff who lived and worked at the home.
- Managers and staff kept up to date with good practice by attending training courses, discussing good practice at meetings, reading care publications, and liaising with others in the health and social care sector.
- The managers considered protected characteristics under the Equality Act to ensure people's needs relating to their religion, culture, sexuality and other areas were met.
- If people were admitted to the home in an emergency, managers obtained information about their needs from relevant parties and put extra staff on duty to provide intensive support if this was required.

Staff skills, knowledge and experience

- Staff had the training, support and guidance they needed to fulfil their roles. They told us they felt confident working with the people they supported. They were knowledgeable about people's needs and knew where to go for support and advice if they needed it.
- New staff underwent a thorough induction, which included shadowing more experienced staff. All staff had annual essential training and further training in more specialised areas including learning disabilities, autism and challenging behaviour.
- Staff had regular supervision from a manager where they had the opportunity to discuss their work, ask questions, and make suggestions. They also attended regular meetings where they had the opportunity to talk about what they had learnt on training courses and reflect on their own practice.

Supporting people to eat and drink enough with choice in a balanced diet

- The managers assessed people's nutritional needs to help ensure these were met. Where necessary, they completed a nutritional screening tool to identify if a person needed specialist support with their diet.
- The home provided halal, vegetarian and traditional English meals. Staff prepared a range of dishes at each meal to meet people's nutritional needs.
- Staff knew people's likes and dislikes and if they were any risks involved when they ate. For example, staff assisted people to cut up their food if necessary and sat with people at mealtimes to encourage them to eat slowly to reduce the risk of choking.
- Some people liked takeaway meals. Staff supported people to use takeaway shops that catered for their cultural needs, for example, those with a sticker in the window to say they were certified to provide halal meals.
- People were encouraged to eat healthily. For example, they could choose to have fruit or a healthy snack

instead of sweets and biscuits.

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

- Staff ensured people had access to healthcare professionals including GPs, dentists, opticians, the SALT (speech and language therapy) team, and learning disability specialists.
- People either had their own learning disability consultant or saw a learning disability consultant from a local hospital once a year.
- Staff worked well with local GPs to ensure people's healthcare needs were met. They used personalised methods. For example, one person was reluctant to enter the GP's surgery so staff arranged for the GP to come out and see them in the car park.
- People had communication passports to assist healthcare staff to communicate with them if they were in hospital. If people were hospitalised staff supported them in hospital to ensure their needs were met.

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

- The home had two lounges and a garden area with seating, so people could choose to spend time alone or with others.
- People's bedrooms were personalised. Some had sensory lights and other items in them to create a relaxing atmosphere.
- To encourage independence, some people had pictures on their cupboards and drawers to help them locate clothes and other items.
- There was pictorial information throughout the home to make it easier for people to orientate themselves.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff were trained in Mental Capacity Act 2005 and the registered manager made applications to the local authority for Deprivation of Liberty Assessments where appropriate. This told us people's rights were being protected.
- Staff knew how to support people in making decisions and choices about their care and lifestyle. The home took the required action to protect people's rights and ensure people received the care and support they needed.
- Some people had Independent Mental Capacity Advocates (IMCAs) or paid personal representatives who visited them regularly to ensure they were safe and having their needs met lawfully.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff team were caring and kind. Most of the staff had worked at the home since it opened and knew the people living there well. This meant the staff had been able to build up relationships of trust with people.
- Staff mostly worked at the same time each day so people knew who was on duty in the morning, afternoon, and evening/night. This gave people a consistent routine.
- Staff knew people well including their likes and dislikes and preferences about how they wanted staff to provide them with care and support.
- We observed staff interacting with people. They were warm and friendly in their approach. We saw that people sought staff out when they needed assistance or company.
- One staff member regularly took a person to their place of worship in their own time. The person enjoyed this occasion so much they waited in the window for the staff member to arrive. The staff member also read to the person from their chosen religious text.
- Some people had a friend who had moved to another home. To enable them all to keep in touch staff collected the friend once or twice a week and brought them to Hartington Road. They also took people to visit their friend in their new home.
- The home supported people from a range of cultural and religious backgrounds. Each person had a cultural and religious care plan. The home celebrated all faiths and had a wall with information about different faiths displayed on it in a pictorial format. This helped to ensure people felt welcome and accepted at the home whatever their cultural and religious background.

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

- Care plans and risk assessments were individual and personalised with pictures used to help ensure people understood how their needs were being met.
- Where possible people signed their care plans to show they were in agreement with them. If they did not have the capacity to do this their Independent Mental Capacity Advocates (IMCAs) or paid personal representatives signed on their behalf.
- Staff encouraged people's family and friends to visit the home and supported people to stay in touch with family and friends. They contacted relatives on behalf of people who were unable to communicate verbally and updated them on people's progress. Staff used letters, emails and telephone calls to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff had annual training with an independent trainer in equality and diversity, fairness, and respecting individuals. All the staff we spoke with understood the need to respect and promote people's privacy,

dignity and independence.

- Records were kept securely. Staff were trained in handling confidential information and followed the provider's information governance policy.
- Information on advocacy was available to people in their care records and staff explained this to people.
- People's care plans set out how they should be supported taking into consideration their privacy, dignity and cultural and other needs.
- People were encouraged be as independent as possible. They chose their own clothes, attended to some of their own personal care needs, and took part in activities they enjoyed.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had personalised care plans setting out their care and support needs. This meant staff had the information they needed to provide consistent support for people in the way they wanted.
- Care plans included information about people's needs, choices, and preferences and who and what was important to them.
- Care plans were reviewed at least monthly and signed by a manager as fit for purpose. Any changes in people's care needs were documented and new care plans put in place. Staff were informed of any changes at handovers which took place at the beginning and end of each shift.
- Staff were responsive to people's needs. They communicated with them in their preferred language, reassured them if they were distressed, and encouraged them to take part in social and leisure activities.
- Each person had a pictorial individual activity timetable and took part in activities in the home and the community. Some people attended a local day centre. Staff supported people to attend places of worship.
- Photos were displayed on the home's activity wall showing people enjoying a range of activities including trips and meals out, discos, and cultural celebrations.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. The AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- The home complied with the AIS. People's communication needs were identified and recorded and highlighted in care plans and communication passports. Where necessary, people were referred to speech and language therapists for additional support.
- Staff used pictures and symbols to assist people to communicate and understand information. The staff team were multilingual and communicated with people in English and Asian languages.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure was displayed in the home in both written and pictorial versions to make it accessible to people and visitors.
- People's relatives, social workers, and other representatives were made aware of the complaints procedure so they could raise issues on people's behalf where necessary.
- Staff told us they knew the people they supported well and said they would speak up for them if they indicated, through body language or in other ways, they were unhappy about any aspect of the service. They could also refer them to an advocacy service as appropriate.

End of life care and support:

- At the time of the inspection there was no-one at the service who required end of life care.

- The home had end of life policies and procedures in place to ensure people's needs were met if they needed this type of support.
- Where appropriate, people's wishes regarding end of life care had been recorded and included their religious and cultural preferences.

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.

Good: ☐ 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:

- The atmosphere in the home was calm and happy and the people using the service were comfortable around the staff and managers and enjoyed their interactions with them.
- The registered manager and deputy were experienced and well-qualified care professionals who, along with their team of trained care staff, provided a personalised service to people.
- The managers worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the home. They had a good relationship with all who lived and worked in the home and were approachable.
- Care workers told us the registered manager always put the people using the service first and was supportive of the staff team. A care worker said, "He treats us all [people and care workers] like family. If we need anything he gets it and if we call him he comes straight away. He is an excellent manager."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, people's daily records were audited once a week to ensure they were completed correctly and people's needs were being met.
- Policies and procedures were reviewed and updated annually. Managers ensured staff understood these and discussed them in training, staff meetings and supervisions to keep staff up-to-date with any changes.
- The home had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff

- Staff followed the home's 'respecting and involving services users' policy to ensure people had a say in the running of the home. Staff said that as group meetings did not always work for people, they had monthly one-to-one meetings with them instead.
- Records showed people's views on their care, accommodation, meals and activities were sought and their responses recorded. If people wanted changes to how their care was provided these were made. Staff used pictures to support people to become engaged in this process.

- Staff had regular meetings to discuss the home including people's care needs and their own training and development. They were encouraged to make suggestions about the running of the home and were given updates on good practice in care.

Continuous learning and improving care

- The registered manager was continually striving to improve the home through listening to people, staff and others. Action plans were in place to monitor and drive improvement. Staff were encouraged to attend further training courses and gain further qualifications.
- The registered manager kept up to date with current legislation. Systems were improved and developed as necessary.
- Since we last inspected people and staff had created a peaceful garden area with seating and shade. During our inspection people used this area to relax and socialise with each other.

Working in partnership with others

- The managers and staff worked with local authority commissioners, healthcare professionals, and the safeguarding authority to ensure the service provided a high standard of care and people remained safe.
- The home had links with the local community including places of worship, local shops and businesses. People felt safe in the local area because members of the community knew them and looked out for them.