

R.Hart Care Limited

Hart Lodge

Inspection report

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Date of inspection visit:
26 April 2017
27 April 2017

Date of publication:
25 May 2017

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

We inspected Hart Lodge on 26 April 2017. This was an unannounced inspection. At the last inspection in 2015 the service was rated as Good.

Hart Lodge provides accommodation and 24 hour support with personal care for up to 11 adults with mental health needs. At the time of our inspection there were nine people using the service.

There was a registered manager at the service at the time of our inspection. 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 service was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm.

Risk assessments were personalised and staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis. People who used the service had risk assessments in place for their medicines.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated regularly. Staff spoke positively about the training they were provided.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans. People who used the service were free from restriction to go out independently and each person had a front door key.

People were supported with maintaining a balanced diet and the people who used the service prepared their own meals and had access to the kitchen without restriction.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary.

Positive relationships were formed between care staff and the people who used the service and care staff demonstrated how well they knew the people they cared for.

The service supported people to express their views and be actively involved in making decisions about their care. People who used the service told us they felt in control of their care and involved with their care plans.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were detailed and contained relevant information about people who used the service and their needs. Care plans were reviewed and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service told us they knew how to make a complaint.

The registered manager and deputy manager for the service had good relationships with staff and the people who used the service.

The service had quality assurance methods in place and carried out regular audits. The service monitored the feedback from people who used the service by way of an annual questionnaire.

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.

Hart Lodge

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.

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 reviewed the information we already held about the service, including statutory notifications we had received and we contacted the local safeguarding and commissioning teams for feedback on the service.

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service. We looked at three care plans, three staff files including supervision and training records, medicine records, policies, procedures and risk assessments. We spoke with the deputy manager and three care workers. We also spoke with seven people who used the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe. You get your own bedroom, shower, nobody will bother you." Another person told us, "I feel safe here. It very much feels like this is my home. I've got the support of carers." A third person who used the service said, "Oh I am safe."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding's that had been raised in a timely manner. One care worker told us if they had any safeguarding concerns they would, "Inform my manager straight away. My job is to make sure people are safe. I feel protected to whistleblow; I'd tell management of inform CQC." The deputy manager told us, "I feel confident in the staff that they'd know what to do." A person who used the service told us, "I don't feel bullied or picked on here, they're all very kind here including the registered manager."

The service had robust risk assessments in place for each person and records confirmed this. For example one person had a risk assessment in place for accessing the community independently. The risk identified for this person stated, "Low confidence in route planning and anxious if lost." The risk assessment contained "Steps to reduce risk" which stated, "For staff to escort [person] to new areas and build confidence in route planning. Staff to support [person] with looking at bus/train timetables and allowing sufficient time. [Person] to carry mobile with Hart Lodge phone number. Regular 1:1 with staff to educate [person] in what to do in difficult situations and approach if [person] becomes lost and needs help." This meant that the service was mitigating risks associated with the person accessing the community independently and had action plans in place to support the person with maintaining their independence." People also had risk assessments in place in relation to their mental health needs and the risk of relapse. Each person's risk assessment for this was personalised with mitigation plans, goals and management. Risk assessments were reviewed on a monthly basis to document any changes and these reviews were recorded in care plans.

The service had risk assessments in place for people's medicines and we saw records of this. One person had a risk assessment in place for self-medicating which ascertained whether the person had any history of drug abuse and whether they were taking prescription medicines. The risk assessment then assessed whether it was deemed appropriate for the person to self-medicate and what support would be given, for example, "Close monitoring by staff, 1:1 sessions and random checks on dosset box." We saw an incident report for this person where they had alerted staff that they had missed one of their medicines. An action plan was created by the service and additional monitoring by staff. We saw records of a one to one session with the person to reflect on the incident and it was recorded that the person had understood the possible repercussions of missing medicines. This meant that the service was assisting people to be independent with their medicines with support and risk management. One person who used the service told us, "At first they'd give me my medicine but now I do it myself, I am more independent."

Medicines were managed and administered safely. Medicines were stored in a secure locked cupboard in the office, which was also locked. As part of this inspection we looked at medicine administration records

and observed a person who used the service taking their medicine in the office. The person came into the office and asked for their medicine and the senior support worker handed them their blister pack where they took their medicine independently and signed on a white board next to their name, the day and time to document that they had taken it. This information was then recorded by the senior support worker in the person's medicine administration record (MAR). We saw that appropriate arrangements were in place for recording the administration of medicines and these records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.

We also looked at policies such as equality and diversity, end of life, infection control, health and safety, medicines and recruitment. A care worker told us the deputy manager was "Hot on policies and procedures" and that all staff were expected to read them and stay up to date. Records confirmed that the service had up to date policies and procedures in place. The deputy manager told us, "Policies and procedures can be easily forgotten so I ensure that staff are up to date with them. I sometimes fire questions to ensure that they are aware of where the policies and procedures are and to ensure that all staff know how to refer to them."

The service had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks, proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed.

The senior support worker told us about staffing levels at the service stating, "There are two staff during the day plus a manager or deputy manager. We also have a clinical psychologist on hand if anything happens. At night we have one waking staff and one staff asleep." The rota for the service reflected these staffing levels and a member of staff told us that staffing levels were meeting the needs of the people who used the service. A care worker told us, "Yes, there is enough staff to meet people's needs. There is a new member of staff starting and as the weather is getting nice we can support people to go out more." A second care worker told us, "There's always cover and I am never on my own on a shift. If we ever use agency staff it's always the same two ladies. If we can't get agency I'll just do the shift myself."

The premises were well maintained by a handyman employed by the service. Records showed that regular environmental checks were carried out by the service and the handyman including fridge temperature checks, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and lighting. Infection control practices were in place and a care worker told us, "We do a deep clean at night when people are sleeping and once a week staff assist the residents to do cleaning." The home environment was clean and the home was free of malodour.

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, Local Authority appointeeship or family support for the management of their money. The senior support worker showed us cash records and receipts for all transactions that they supported people with and all transactions linked correctly with corresponding receipts. One person who used the service told us, "I always have access to my money, I always have enough."

Is the service effective?

Our findings

One person who used the service told us about the staff at Hart Lodge stating, "The staff know what they are doing, they've got lots of experience."

Care staff told us about the training they received. One care worker told us, "My training is brilliant, even though I already had my certificates before starting work here I came here and did it all again. They offer constant training and I am completely up to date." Records confirmed that all staff had up to date training which included topics such as medicines, health and safety, food hygiene, first aid, fire safety and moving and handling. They also told us about their induction upon commencing work at the service, "I had my first week of shadowing and on my second week there was always someone on hand to help." A recently recruited care worker told us, "The training was very thorough when I started here three months ago. In the first month and a half I shadowed, especially with medicines. I was introduced to everyone and encouraged to look at care plans and sit and chat to the residents."

The deputy manager told us that newly recruited staff that had not previously worked in a care setting were expected to complete the Care Certificate and we saw records of this. The Care Certificate is a staff induction training programme specifically designed for staff that are new to the care sector.

Records showed that care workers received supervision on a monthly basis. One care worker told us, "During supervision I'll be asked how I think I am doing, do I need any more training or if I have any issues." They told us, and records confirmed that following an incident with a person who used the service in 2016 they were offered additional supervision stating "I had plenty of extra supervisions afterwards." A second care worker told us, "I enjoy supervisions. It's quite thorough and I feel about to offload and discuss any issues." This meant that people who worked at the service were supported by management and given appropriate levels of supervision according to their individual needs.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. 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 were being met. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction

on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for one person who had previously resided at the service but at the time of our inspection, there was no one with a DoLS. Consent to treatment was captured in people's care plans and were signed by people who used the service.

During our inspection we observed people who used the service leaving and accessing the property independently without restriction and each person had a key to the front door. The service had a sign in book that people used to enable staff to see who had gone out. Staff told us this was for the safety of the people who used the service, for example in case of a fire. One person who used the service told us, "I've got my own key, I have no restrictions. If I'm going out I'll tell the ladies and we have to sign the book so they know I've gone and come back." Another person told us, "I have a key to the front door, I always go out, no one stops me, I always sign in and sign out." A care worker explained, "No one here is restricted, they come and go, get up when they want, eat when they want, they can go to their rooms."

During our inspection we observed people who used the service accessing the kitchens independently to prepare food without restriction. One person had been shopping to the local supermarket and was putting their food away in the fridge and cupboards and they were supported by staff when they asked for help. Another person prepared their breakfast and ate it in the lounge. Care plans were reflective of people's nutritional and dietary preferences. For example, one person's care plan stated that they liked "Pizza, chicken curry and fish and chips." One person who used the service told us, "I go to [supermarket] for shopping. I get my own thing. I like cooking West Indian food, I cook just for myself."

People were supported to maintain good health and access to healthcare services. We saw that care plans contained information about their GP and any other health professionals as well as their medicines and health needs. People's care plans included information and assessments from healthcare professionals including medical appointments, referrals and assessments. One person had recently been put on blood pressure monitoring by their GP and the service supported the person to record their blood pressure readings. This meant that people who used the service were supported with their health needs and accessing healthcare.

Is the service caring?

Our findings

One person who used the service told us about what it was like to live there and the recreational activities that took place, "I get on with everyone here, we have BBQ's, parties, its good fun living here and my brother and sisters visit me." They also told us, "The support workers are caring people. They're kind." A care worker told us, "It's the resident's home so we have to make sure they're all happy. Its resident led."

During our inspection we saw that people who used the service were supported by staff in a caring and supportive way. For example, one person had a risk assessment in place for self-neglect which stated, "[Person] continues to self-neglect with regards to personal hygiene and requires prompting from staff to attend to showering/washing and changing." During our inspection we observed staff prompting this person to wash their hands and this was done in a supportive and encouraging manner.

People who used the service were treated with dignity and care workers told us about ways in which they ensured that dignity was an integral part of the care provided. One care worker told us, "We have a service user with some mobility issues and sometimes wets the bed and we assist her with cleaning her room. We will clean her room and she has a tendency to take off her clothes so we will ask her if she wants us to leave the room and we always keep the door closed." The care worker also told us, "The way I like to think of it is one day it could be me so I think about how I'd like to be treated."

On giving people privacy and independence a care worker explained, "There are people here to like to spend time alone. For example [person] likes to listen to music and [person] likes to have an afternoon nap. It's their choice and we respect that."

Care staff recognised the importance of supporting people as individuals. The senior coordinator at the service told us, "We are very supportive of people, for example if someone was gay, we wouldn't treat them differently." They also told us, "It's a happy home." A second care worker told us, "We treat everyone the same. There is no 'them and us' culture. We are all the same." A person who used the service told us, "I have a boyfriend and I'm not restricted from seeing him." This meant that people who used the service were supported to maintain personal relationships.

People's care plans contained detail about end of life care, should it become relevant. People who used the service were given the option of completing a form to reflect their choices around death and whether they had any specific requirements. This meant that people who chose to complete the form felt in control of their end of life plans and they could have a say.

Is the service responsive?

Our findings

Care workers told us about the effectiveness of care plans. One care worker told us, "Before person is placed at the service, get a mini care plan. We'll sit and chat with them and introduce them to the others. The care plans here are spot on." They also told us, "We all know the service users quite well." A second care worker told us, "The care plans are very thorough." During our inspection we spoke to care workers who talked about the people who used the service in a way which showed that they knew each person well and interactions between care workers and people who used the service were personalised. One person who used the service told us, "I've been involved in all of my care plans. I contribute to my care plan and I do my care plan with staff and it makes me feel good about it."

Care plans were personalised and tailored to people's individual needs. One person's care plan stated, "[Person] appears to be anxious in the morning about her day and any appointments/activities she is doing and will constantly ask staff the same questions. [Person] to purchase a watch and keep a diary and staff to support [person] to do a daily planner every morning." This person told us that this plan was working for them and showed us the watch that they had purchased which was helping them to manage their day and anxieties.

Each person who used the service had signed their care plan to reflect that they had received a copy of it for their own records. People who used the service told us they felt in control of the care they were receiving. One person who used the service told us, "I have involvement in my care plan and they all know me here." Another person said, "My room is how I want it to be."

People who used the service had weekly one to one sessions with their support workers and records confirmed this. The weekly sessions recorded aspects of the person's care such as meetings with their healthcare professionals, voluntary work, college, holidays and were based on positive goal setting and maximising people's independence. For example a recent one to one session for a person reflected them trying out a new weekly group for socialisation and the goals that were set for the person to work towards. One person who used the service told us, "I go to college and study English, [support worker] sorted it out for me in a meeting and its good and helps me a lot." This meant that people who used the service were benefiting from the pro-active nature of the one to one sessions in meeting their goals and developing their skills.

Records confirmed that daily records of care were reflective of people's care plans and individual needs, for example for one person a recent daily record of care stated, "[Person] was up at 07:30am. She appears to be in a good mood. She has attended to her personal care and has had breakfast. She complied with medication." In another recent daily record of their care it stated, "[Person] went for her weekend away at 11am. She informed us that she had her medication with her for her weekend away." This meant that people's day to day activities of daily living were being recorded.

The service provided a variety of activities for people to take part in. For example during our inspection we observed a senior care worker arranging a day out for someone's birthday and people who used the service

contributed to the discussion about where to go. We saw pictures of people who used the service in the lounge area taking part in activities and celebrations and one person who used the service told us about a recent holiday they enjoyed. We also saw records that there was a recent Easter weekend quiz day, Thursday movie night with popcorn, as well as golf and board games. One person who used the service told us, "I enjoy doing my needle work and going on the computer and typing letters to my siblings. I get [deputy manager] to help me print them off. I can go to the computer whenever I like." This meant that the service encouraged people who used the service to actively participate in day to day activities that they enjoyed and this was reflected during our inspection.

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service had their complaints procedure printed and displayed in public areas of the home. People who used the service told us they knew how to make a complaint. One person said, "I'd speak to [support worker], [registered manager] or [deputy manager] if I was upset about anything. I've not had to make a complaint but I know how to make one." Another person who used the service told us, "If I was unhappy I'd tell staff but I am always happy about everything." A third person said, "I'd go to anyone if I wasn't happy, I'd go and tell staff that work here. If the office door was closed I'd tell another resident I'm friends with." The service kept a log of any complaints that had been received and there had not been any complaints since our last inspection.

Is the service well-led?

Our findings

One person who used the service told us about their relationship with the registered manager, "She's alright, she's supportive." A care worker told us, "Management support couldn't be better." A second care worker said, "The service is managed well. Everyone seems to work in line with each other here and there's a nice feeling here, it's like a little family." A third care worker told us, "The registered manager she is really nice and supportive. She's very approachable and I feel I could go to her with anything and it's the same for the deputy manager. It's a nice place to work."

The deputy manager told us about their role and how they worked in conjunction with the registered manager, "I pick up anything the registered manager doesn't do and we also have the clinical advisor on hand at any time. The registered manager is on 24 hour call and if she is on annual leave, me and the clinical advisor will be on call." They also told us, "I do everything the carers and seniors do, I have a background in care." The deputy manager explained the management culture at the service stating, "There is an open door policy and I have a very good relationship with the registered manager, we are always communicating."

The deputy manager told us about their involvement with two local colleges where students came to the service for work experience placements, "I think it's good for students to experience a mental health placement and it's a good thing for the service users too, especially those who don't go out as much, they take an interest but we always seek the resident's permission first before anyone is going to start work experience here."

The service held meetings for people who used the service and records confirmed this. One person who used the service told us, "We have resident meetings. If something is on your mind you can bring it up."

Records confirmed that a monthly service user meeting took place at the service. The most recent meeting discussed aspects such as new staff, activities, the summer BBQ, visiting the zoo and food hygiene. The service also carried out an annual service user questionnaire and we looked at the data from the most recent one in 2016. Questions included whether people who used the service felt listened to and whether they felt confident to have their say. The results showed that the vast majority of people who used the service were satisfied with the care they were receiving.

Staff meetings took place on a quarterly basis and records confirmed this. At the most recent meeting discussions included the service users, inspection, cleaning, staffing and paper work. The service carried out an annual staff survey, the most recent being in 2017. Staff were asked questions about whether they enjoyed their work at the service, their relationships with other staff and people who used the service and if they felt any improvements could be made.

Monthly audits were carried out on care plans and records confirmed this. Audits looked at whether care plans had been reviewed and whether risk assessments were up to date. Monthly cleaning audits were also carried as well as a monthly medication audit which looked at aspects such as whether the medicine cupboard was locked, if medicines were labelled and if liquid medicines were stored upright. We also saw

records of a monthly health and safety audit which focused on checking the environment of the home including odour, food hygiene, fire alarms, emergency plans and also general observations including staff working practices.

The service received compliments from people who used the service as well as from professionals who had visited the service. For example we saw a recent letter from a person who used the service to the manager that stated, "You became the one to go to for most things." A recent email from a social worker stated, "The whole team works together to support all the residents and I think that [person] has benefitted greatly from all the support and genuine kindness that all the team have regularly shown him, I know he appreciates it and so do I." The deputy manager told us about the impact of positive feedback and stated, "It is important to feedback the good things to staff. When we do this, we see a positive change within the staff and service users."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The deputy manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.