HC-One Beamish Limited

Hartford Court

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 and 16 February 2017 and was unannounced. We brought forward our planned inspection because we received information of concern that staff were getting people up and dressed very early in the morning.

At our last inspection of the service in April 2015 we rated the service as good. A new provider HC- One Beamish Limited took over the provision of the service on 10 January 2017. This was our first inspection of the service since the new provider had acquired the home.

Hartford Court is a purpose built care home for older people, some of whom have a dementia related condition. Accommodation was organised over three floors. The Grace Suite for people living with dementia was situated on the third floor. Grace represents the philosophy of caring for people with a dementia related condition - Graciousness, Respect, Acceptance, Communication and Empowerment. There were 62 people living at the home at the time of the inspection.

There was a registered manager in place. She had commenced employment in April 2016 and registered with CQC as a registered manager in November 2016. 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.

We found that staff were exceptionally caring. We observed kind, caring and thoughtful interactions between staff and people. Staff were highly motivated, committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Staff used inclusive methods of communication which were tailored to the needs of the people who lived at the home. The service had a strong, visible, person centred culture which was evident through the actions of the manager and staff.

People told us that they felt safe living at the home. There were no ongoing safeguarding concerns. A new electronic medicines system had been introduced. We found there was a safe and effective system in place for the receipt, storage, administration and disposal of medicines.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. There were sufficient staff deployed. Staff carried out their duties in a calm unhurried manner.

Staff told us, and records confirmed that training was completed regularly. There was an appraisal and supervision system in place. Staff followed the principles of the Mental Capacity Act 2005 when carrying out their roles.

People's nutritional needs were met and they had access to a range of healthcare services. An activities

programme was in place to help meet people's social needs. There was a complaints procedure in place. None of the people or relatives with whom we spoke during the inspection raised any concerns or complaints about the service.

Audits and checks were carried out to monitor the service. Our observations and findings on the days of our inspection visits confirmed that the provider had an effective quality monitoring system in place.

Staff told us that the service had been through a period of change following the appointment of the manager and the sale of the home to HC- One Beamish Limited. They were positive about the changes and about working at the home. We observed that this positivity was reflected in the care and support which staff provided.

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.

There were safeguarding procedures in place.

Medicines were managed safely.

The premises were clean. Checks and tests had been carried out to ensure that equipment and the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us, and records confirmed that training was completed regularly. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Outstanding

The service was very caring.

People and relatives told us that staff were extremely caring. We saw kind, caring and thoughtful interactions between people and staff.

Various person centred initiatives had been introduced to promote people's well-being.

Staff used inclusive ways to make sure that people had accessible, tailored and inclusive methods of communication.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support people needed. .

An activities programme was in place and people's social needs were met.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well led.

Audits and checks were carried out to monitor all aspects of the service. Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

Staff told us that morale was good and they enjoyed working at the service.

Hartford Court

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.

Prior to this inspection we received information of concern that night staff were getting people up and dressed very early in the morning. We therefore brought our planned inspection forward and visited the service at 6.15am.

The inspection took place on 15 February 2017. The inspection was unannounced and carried out by two inspectors. We carried out a second announced visit on 16 February 2017 to complete the inspection. We were accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Prior to the inspection we checked all the information which we had received about the service, including the notifications which the provider had sent us. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. Notifications enable us to monitor any trends or concerns within the service.

We contacted the local authority's safeguarding adults team and contracts and commissioning team. We did not request a provider information return (PIR) prior to the inspection due to the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with the regional director, project manager, registered manager, deputy manager, the senior team lead, two senior care workers, eight care workers, the activities coordinator and a member of staff from the housekeeping team. We spoke with 10 people and eight relatives. We also spoke with a member of the district nursing team who was visiting the home.

We looked at nine care plans, medicines administration records, information relating to staff training, staff

recruitment files and audits and checks relating to the management of the service and the premises.

Following our inspection we contacted a GP, a challenging behaviour nurse, a care manager and a reviewing officer from the local NHS Trust.

Good

Is the service safe?

Our findings

People told us that they felt safe and this was confirmed by all relatives with whom we spoke. Comments included, "The staff are always looking in and seeing how she is. She has a pad on her bed which will alarm during the night if she was to get up and she has a buzzer which she can use, so absolutely she is safe, yes" and "Yes [she is safe], because the building itself is secure and the staff do their utmost to make sure she is."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. There were no ongoing safeguarding concerns.

We checked staffing levels at the service. Most people and relatives told us that there were sufficient staff deployed to meet people's needs. One relative said, "There's always enough staff on duty, including two or three seniors and then other carers and the activities co-ordinator." Several relatives thought more staff would be appreciated. We observed that both day and night staff carried out their duties in a calm unhurried manner and had time to provide emotional support to people. This meant staffing was maintained at a level which ensured people's needs were met.

We spent time checking the premises and equipment. Checks and tests had been carried out on the premises and equipment to ensure they were safe. Gas, fire safety, electrical tests and 'Lifting Operations and Lifting Equipment Regulations' (LOLER) checks on moving and handling equipment had been undertaken. Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency.

We examined the management of medicines. An electronic medicines management system had been introduced two weeks prior to our inspection. Medicines were recorded, administered, tracked and audited all on the single electronic system. Staff explained that the new system helped reduce the risk of medicines errors and also prevented over or under stocking of medicines. Staff scanned bar codes on people's medicines to ensure the correct medication was always given to the correct person. There was an automated warning system to alert staff if medicines were overdue or had not been administered. We considered that there was a safe system in place for the receipt, storage, administration and disposal of medicines.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service [DBS] checks had been obtained prior to staff commencing in their roles. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

A number of research based risk tools were in place such as falls and pressure ulcer risk assessments. These had been identified through the assessment and care planning process. Risk assessments were

proportionate and included information for staff about how to reduce identified risks, such as risks of falling, whilst avoiding undue restriction and supporting people to maintain their independence as much as possible.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the effectiveness of staff. Comments included, "Yes, they're quite knowledgeable" and "They're always on courses."

All staff informed us they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "Training is good" and "There's been no changes to training [since new provider took over]."

The provider had their own training academy which was based in Gateshead. The academy had various training rooms for internal and external courses; it also had a training kitchen and a bedroom for hands on training.

The manager provided us with information which showed that staff had completed training in safe working practices and subject areas to meet the specific needs of people who used the service, such as dementia care. We noted that training statistics in certain areas had dropped below the provider's required standard of 85%. The manager told us and records confirmed that this was due to the number of new staff who had started work at the home. The manager was continuing to allocate staff to training courses which was verified by staff.

New staff completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers follow in their daily working life. The manager told us that they liked all staff to then progress to diploma level training in health and social care.

We observed that staff put into practice the training they had undertaken. Staff used distraction techniques to support people with a dementia related condition and we saw they carried out safe moving and handling techniques.

The manager had encouraged staff to be responsible for various disciplines such as infection control, dignity, dementia care, safeguarding and medicines. The manager told us that introducing these lead roles made staff feel valued and involved and helped ensure that care was delivered as planned. They were also a source of information and provided support for their colleagues.

We considered that the provider had sought to ensure staff had the right competencies, knowledge, skills, experience, attitudes and behaviours to meet people's needs effectively.

All staff told us they felt supported in their roles. Staff told us they had regular supervision. There was an appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements.

There was evidence that some mental capacity assessments and best interests decisions had been undertaken. The manager was in the process of strengthening the service's records with regards to the documentation of any decisions made relating to people's mental capacity, to ensure that it was clear how the MCA had been applied.

We checked how people's nutritional needs were met. People and relatives were complimentary about the meals. Comments included, "Oh, it's wonderful. There's a choice each mealtime and it's freshly cooked to their needs; orders are taken each morning," "Really nutritious food. We can get a drink whenever we want for him and [name] can if he asks," "The food's very good. I always have a drink in a bottle," "I'm a very fussy eater, but the food suits me because there's salad and nice bread, and the sweets are always nice" and "We get plenty of juice and we get asked if we want wine on special occasions. There's a choice of meals and I like what I get."

We observed the breakfast, lunch and tea time meals and saw that staff were attentive to people's individual dietary needs. There were two dining areas in the Grace Suite. The first room was used by those who were more independent and enjoyed socialising with their friends. The second had calming sensory aids and was used by those who required more support and supervision.

People's weight was monitored and action was taken if any concerns were identified. This meant that systems were in place to monitor people's dietary needs and ensure they received a suitable nutritious diet. The manager told us, "Weight loss within the Grace Suite has reduced since the introduction of the two dining rooms and I feel the main contributory factor for this is due to the dining service being calm and the environment is appropriate for the resident group."

People and relatives told us that staff contacted health and social care professionals when appropriate, to meet their needs. One person told us, "Yes, the doctor, dentist and optician come here. I see a chiropodist as well." We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, challenging behaviour nurses, district nurses, speech and language therapists, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

The home was organised across three floors. The environment was effectively designed to meet the needs of people who used the service. Every bedroom had en-suite facilities and each floor had multiple baths and wet-rooms to meet people's personal hygiene preferences. There were several smaller lounges and dining areas on each floor. There were also landscaped gardens and outside sitting areas.

Attention had been paid to the 'dementia friendly' design, including effective signage to highlight bathrooms and toilets to enable people to locate them easily. Areas such as storage or staff areas that could not be accessed by people for safety reasons were painted to blend in with walls making them less obvious.

This reduced the chance of people feeling restricted or trying locked doors which could lead to frustration. There were memory boxes outside people's bedrooms in the Grace Suite to help orientate people to their rooms.

Outstanding ☆

Is the service caring?

Our findings

People and relatives valued their relationships with the staff team. They were very complimentary about the caring nature of staff. Comments included, "Outstanding – without a doubt," "Outstanding. They know my mam and her needs. She's only been here three weeks and already they know her well," "Very caring, very sensitive. Because I live a long way away, they always keep me informed. I'm always reassured that she's well-cared for," "As soon as I came here I knew [it was the right place for relative]," "They are all lovely lasses, they are just so caring," "It's a wonderful, caring environment. They put the needs of the residents first" and "All of the staff from cleaning, cooking, care assistants; the handyman….everyone is so friendly. They all know my dad by name."

Health and social care professionals were also positive about the staff. A care manager stated, "Staff appear to genuinely care for the residents. They seem to know their needs and personal history and family involvement." A member of the district nursing team said, "I have always found it friendly to me and the residents." The challenging behaviour nurse stated, "I find Hartford Court very engaging and motivated in working together to meet the needs of their residents. I have no concerns across the domains and there are a few of the staff members that are exceptionally caring and compassionate. Their gentle approach is very helpful when residents display behaviours that staff can find challenging."

Staff were highly motivated, inspired and committed to providing care that was kind and compassionate. They spoke with pride about the importance of ensuring people's needs were held at the forefront of everything they did. Comments from staff included, "I love my job so much – I've got goose bumps thinking about it. I come to work because I love everyone here" and "We look after everyone as though they were part of our family and really they are."

We observed kind, caring and thoughtful interactions between staff and people throughout our inspection. One person was unwell on the first day of our inspection. A senior care worker sat beside her, holding their hand and reassuring her for 30 minutes until they fell asleep. Some people reached out to staff for a hug which was immediately given. We heard a staff member ask one person, "What would you like for breakfast?" "A good laugh" the person replied. The staff member said, "Well we can have one of them!" and both the person and staff member laughed. Another staff member said, "Would you like a seat here? Or you can come with me," "I'll come with you" the person replied, holding the staff member's hand.

Various person centred initiatives had been introduced to promote people's well-being. This included the implementation of the 'Three Wishes' project. This involved people making three wishes that were important and unique to them. The manager told us that the aim of this project was to, "Celebrate the person as an individual, to maintain their identity, their self-worth, their contribution to society and their uniqueness." Staff gave us examples about how they had supported people to achieve their wishes. One person used to be a postwoman and staff had supported her to visit the local sorting office. She then delivered a letter to a house in her postal town. Another person used to be headmaster at a local school. Staff arranged for him to revisit the school where he used to work. He spent time with the children in the classroom listening to them read. He received a card from the children addressed to 'Grandpa.' Photographs

of people fulfilling these wishes showed they had enjoyed themselves. This demonstrated that staff had gone 'above and beyond' to enhance people's wellbeing and happiness.

Staff used inclusive ways to make sure that people had accessible, tailored and inclusive methods of communication. One person who had a dementia related condition loved music. We read the most recent newsletter which stated, "The magic of music brought about a memorable experience for resident [name]… The activities coordinator knew she liked music and dancing so brought along a personal CD player for [name] to try. [Name of activities coordinator] put on a 1950s music CD and put the head phones on [name]. Immediately [name's] face lit up and she began to move to the music. The great smile on [name's] face said more than words; it was obvious how much she was enjoying the music."

We observed staff chatting with individuals on a one to one basis. They responded to any questions with understanding and compassion. One person asked about his cows. The staff member asked, "Have you sorted the cows out today?" The person shook his head and the staff member smiled and said, "Day off today." Doll therapy was used which staff told us helped provide "comfort" and "reassurance." We saw one person cuddling a doll. A staff member smiled and said, "Is the baby alright?" The person nodded and smiled. Another person told a member of staff, "I want to go home." The member of staff took their hand and said "Let's go along to your room and see what's going on."

The 'HEARTS' process had been introduced at the home. This approach involved a range of natural skills and sensory experiences. These included Hands-on contact, Empathy, Aromas, Relaxation, Textures and Sound. Records were kept when the HEARTS process was used. We read that a member of staff was massaging one person's neck and shoulders. The manager spoke with the person and said, "That looks nice and relaxing." The person replied, "Sit in front of me and I will do yours." The manager sat in front of the person and the individual massaged the manager's neck and shoulders. The manager told us, "It was a brief interaction however [name] was relaxed and in addition she felt valued as she helped me." Staff also used the HEARTS approach during end of life care. Staff gently massaged one person who was cared for in bed which the manager told us provided "comfort for restless arms and legs and companionship."

The butterfly project had been introduced in the Grace Suite. Staff wore pink 'rummage' belts which had various pockets. Items of interest were placed in each pocket such as soft toys, bubbles, small musical instruments, colourful silk scarves, scented moisturising cream and candles. People could engage and interact with these items. One staff member said, "They [people] love it, it helps to distract them and they love watching us blow bubbles." The staff member explained how they used the moisturising cream to gently massage people's hands which helped reduce stress and anxiety. A sensory box was also available on the Grace Suite which contained items such as shoe polish, lavender oil, silk, feathers and sandpaper. This meant that staff were able to communicate and interact with people who had difficulty communicating verbally, to enhance their senses and provide stimulation.

We read nine people's care plans and noted that these were person- centred. This is when care takes into account people's individual needs and preferences. Care plans included a 'Pen Portrait.' One staff member said, "It's important to find out about their background, it helps you care for them better. One person was a farmer and if you just talk about his sheep dog he settles…He loves his Massey Ferguson [tractor], if you know their background and know what makes them happy it helps them."

Staff completed records entitled 'meaningful moments.' We read one person's meaningful moments which stated, "While assisting [name] to bathe she told me that her sister got all the best dresses and sometimes she would hide one!" The manager told us, "It was recognised by the management team that our team who work daily within Hartford Court have an in depth knowledge of our individual residents and capture so

many amazing anecdotes during intervention, but unfortunately this vital and important information is lost in transit. Therefore, the meaningful moments' project was implemented and it allows a snapshot of a person's day to be recorded and ultimately shared amongst the team.

This personalised information helped ensure staff were able to deliver meaningful care which centred on people as individuals.

People and relatives told us that staff promoted people's privacy and dignity. Comments from people included, "They do knock, but I like me door open," and "Yes, they cover me with a towel." One relative told us, "His needs have increased since he's been here and they've managed them without his loss of dignity."

The manager told us, "Dignity is the essence of all of our practices and interventions within Hartford Court." We saw that staff had worked with people to find out what dignity meant for them. 'Dignity' collages were displayed in each of the Suites which contained feedback from people about the importance of dignity. A 'Dignity Tree' had been made which contained quotes from people such as, "Ask me if you can touch my personal belongings" and "I trust you to help me when I need you to." The manager told us that this exercise had, "Empowered residents and the team and gained clarity of individuals' values and beliefs."

The home followed the'10 Dignity Do's' previously called the 'Dignity Challenge' which aimed to promote dignity and respect within services. There were 20 dignity champions at the service. This meant there were designated members of staff to ensure that people experienced dignity and respect in all areas of their care and support. Staff referred to people living in "Suites" such as the Grace Suite. The manager told us, "I don't like units – it all about terminology, it's Suites, we're not in a hospital."

We spent time observing people's meal time experience. We saw that some people required a pureed meal. We saw that these meals were visually appealing and promoted people's dignity. A special gelling agent was used in the pureed food which allowed it to be presented and moulded in a way which resembled the food's original form and could be easily broken down in the mouth. Some people used 'dignity aprons' which provided both protection and promoted dignity. Staff discreetly pointed these out to us since we had not realised that certain individuals were wearing these because they looked like napkins.

People and relatives told us and records confirmed that they were involved in people's care. Reviews, meetings and surveys were carried out. At the time of our inspection no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best.

There were two people receiving end of life care at the time of our inspection. We visited one person who looked comfortable and well cared for. Care plans included details about people's end of life wishes. This meant that information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met.

We heard how the provider sought to improve people's end of life care experiences through investing in innovative products. The manager told us about a product which could be added to a variety of drinks. An air pump was then used to create a foam. This provided a refreshing alternative to oral care swabs which were used when people were receiving end of life care.

Good

Is the service responsive?

Our findings

We received information of concern prior to our inspection, that night staff were getting people out of bed and dressed very early in the morning. As a result, we brought forward our planned inspection and visited the home early in the morning. Although some people were awake and dressed, staff told us and care plans confirmed that these people liked to get up early. Staff commented, "It is not a known practice to get people up here. I have never known or heard of that," "We get people up when they are awake; it is 24 hour care here. We wouldn't drag them out of bed" and "It is their choice, their home – I wouldn't want to be dragged up."

Most people told us that they could choose how they spent their day and could get up and go to bed when they liked. Comments from people and relatives included, "Well yes. I can go along to the day room and have a natter" and "I can get up and go to bed when I like." We heard one staff member say to an individual at 10am, "Would you like to get dressed?" The person replied, "Not at the minute thank you."

One person told us that she had a shower at 5am and would like a later shower. We spoke with the manager about this feedback. She told us that the individual had specifically requested a shower at this time which was documented in her care plan. We spoke with the person again and explained that she could have a later shower if she wanted. The individual then told us she was happy to have a shower at 5am and did not want to change the time.

Health care professionals were complimentary about the responsiveness of the staff. The district nurse said, "There are no problems here. There is nothing that concerns me personally." The GP stated, "As a group I believe we are happy with the safety, effectiveness, caring ethos, responsiveness and leadership of this home. We continue to work together to provide care for the residents and family supporting them and to support the staff in their endeavours."

Each person had a care plan for every aspect of their lives. These gave staff specific information about how people's needs were to be met. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

Care monitoring tools were used to ensure that people's care was delivered appropriately and changes in their health and presentation were identified promptly. Positional change charts were used to record when people were repositioned. People's food and fluid intake was monitored where they had specific nutritional needs. Hourly comfort checks and night time checks were also carried out and recorded to ensure that people had everything they needed.

A diary system was used to pass information between the staff team and changing staff shifts. A handover took place at the end of each staff shift. Shift handover sheets were completed which listed actions to complete and any areas of concern. Daily notes were maintained which showed evidence of all personal care which was delivered, activities people had undertaken, their general mood and other care related

issues. This showed that measures were in place to support the continuity of care.

Records of 'meaningful moments' were documented by staff. These recorded anecdotes and memories which people had told staff during conversations. The manager told us, "The team recognise that memories may not always be good memories and if a trigger can be identified that may cause an individual to become distressed, upset and agitated, this information enables the team to prevent this from occurring." We read one person's care plan which stated that staff should avoid talking to them about the war time because it brought back unhappy memories. Another person's care plan stated that talking about pets caused them distress. This meant that certain conversations were avoided to help ensure people's wellbeing.

We checked how people's social needs were met. People told us that there was enough going on to occupy their attention. One person said, "On a Tuesday there's activities all day like knitting and sewing. I'm thinking of starting; I like crafts." Some people said that there were planned activities but they chose not to attend them. One person told us, "They have different things on, but I don't go to them often."

There was an activities programme in place. This included activities such as external entertainers, trips out into the local community, baking sessions, arts and crafts and themed events such as a Valentines meal for couples and a Burns night supper. 'Life Song', a therapeutic musical gathering connecting people through music and poetry, had been implemented. There was a poetry session on the first day of our inspection. People told us that this was appreciated and enjoyed. The provider had their own mini buses which were based at the home. Staff told us that this meant they had easily accessible transport to take people out into the local community.

There was a complaints procedure in place. There were no active complaints. People and relatives we spoke with during the inspection raised no complaints about the service or the care provided. The manager told us, "I have an open door policy. We try to be proactive and when people come in with a concern or little niggle, if we act promptly, we can help to reduce the likelihood of a full blown compliant." There were various feedback mechanisms in place. Meetings and surveys were carried out. This meant that systems were in place to obtain the views of people and their representatives.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the service. Comments included, "Yes, it's well organised," "It's been the best thing that could have happened to me mum," "I would definitely recommend it to others" and "If I was recommending it to anybody I would say they're safe here, they're well looked after and fed and the staff are caring."

There was a registered manager in post. People, relatives and staff were complimentary about her. Comments included, "Ahhh, she's lovely. She doesn't sit in her office all the time, she's out and talking to people. Her door's always open so she can see what's happening" and "We speak to her and she's pleasant, but we don't have much to do with her. She's always available if we need her." Staff told us, "The manager takes an interest in us; we are not just left to get on," "I am happy to come to work," "She is a fair manager," "She is friendly – she doesn't lock herself away. She says good morning to staff and residents. She is happy with the residents;" "She is very nice, very approachable," "[Name of manager] has changed the home dramatically. She is very much for the residents' needs. She is a manager, very approachable, but she is not wanting to be everyone's [staff] friends," "She is the manager…She is here once or twice a week at 7am to see night shift. She says if there are any problems or concerns her door is always open." One of the care managers with whom we spoke said, "I have a lot of time for [name of manager]. The homes she has managed have been good."

The service had been through a period of change. The manager had commenced employment in April 2016. There had been a high turnover of staff following her appointment. One staff member told us, "Some staff didn't like change, but change is good. I feel very well supported." Another stated, "She spotted straight away that there were 'clicks' of staff working for themselves not for the interests of the residents. It has changed for the better. A lot of staff left after that."

On 10 January 2017, a new provider, HC-One Beamish Limited took over the service. We read the provider's website which stated, "HC-One stands for Health and Care, which is what we do and the One, which symbolises how we do it. At HC-One we focus on the individual, striving to provide the best and kindest possible care, to the one who matters, the Resident, by the one who makes the difference, the individual member of staff." Staff told us that the change in providers had gone smoothly and there had been no change in the terms of their conditions or practices at the home. One care worker said, "The care is just as good." Another said, "Nothing has changed."

Staff explained that morale had been low at times, but was now good. Comments included, "I love working here" and "Morale is good now." Comments from people and relatives included, "They're always so cheerful," "They're always pleasant," "There never seems to be any disruption. I never hear the staff moaning" and "Well, they've never complained to me. They're a good crew. They always seem happy enough."

We observed that this positivity was reflected in the care and support which staff provided throughout our inspection. Staff responded positively to any requests for assistance and always sought to be

complimentary when speaking with people.

People and relatives were involved in the running of the service. 'Residents and relatives' monthly meetings were held. We read the minutes of a recent meeting. The theme related to the sale of the home to the new provider. The manager stated, "Standards within Hartford are high and will remain as such, no change in day to day management of the systems. Very proud of where we are and what we are achieving, both myself and [name of deputy manager] will continue to ensure the highest standards of care, hygiene and environment." Surveys were also carried out. The results of the most recent survey were still being analysed at the time of the inspection. This meant people's views were valued and they were actively involved in how the service was managed.

A monthly newsletter was produced to keep people, relatives and interested parties informed of important announcements, entertainment and changes within the provider's organisation. This showed that the provider kept staff and people informed and up to date with the home and company-wide developments.

Regular audits and checks were carried out to monitor all aspects of the service. These included health and safety, infection control, care plans and medicines management. The operations director carried out a monthly audit. They obtained feedback from people and staff and reviewed training records, complaints, staffing levels, recruitment, safeguarding matters, environmental issues and audits. Action plans were formulated when any areas for improvement were identified. We read that the manager was to continue allocating staff to training courses.

Management staff undertook regular night visits and out of hours' checks to ensure people's needs were met at all times of the day and night including the weekend. We looked at recent management visits and saw that no concerns were identified.

Prior to our inspection we spoke with the local authority contracts team who told us that there had been a high number of hospital admissions over the winter period. The manager had carried out an analysis of hospital admissions and was able to explain the reasons behind each admission.

The manager analysed accident and incident records to identify if there were any trends or patterns. There had been 51 accidents and incidents in January 2017. Action had been taken following any identified trends. High low beds had been obtained to minimise the risk of injury and sensor pads put in place to alert staff if people were at risk of falling. We read that one person had fallen four times and had been referred to the falls clinic.

Management staff undertook observational sessions of people's care experiences. These included checks on people's appearance, care practices, staff interactions and the meal time experience. The manager told us, "Observation sessions highlight positive practice and interventions and they are a useful tool to highlight potential concerns or improve service and care provision. One example of a change to working practices evolved from observation sessions being completed in the Grace Suite. A vast amount of residents chose to congregate in the communal area outside the lift watching the coming and goings of people, however, accidents in this area were increasing. Therefore observation sessions supported me to review the seating arrangements and furniture in this part of the service, identifying potential hazards. As a result of the sessions and completing accident analysis additional seating areas were identified and made attractive to residents to encourage them to sit in these places…By offering additional seating areas and places of interest within Grace, this has significantly helped reduce the total of monthly accidents occurring in the area."

We checked that the provider was meeting their registration requirements and were reporting incidents to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. We noticed that one allegation of abuse had not been notified to CQC. This had occurred prior to the new provider taking over the service. It related to an allegation of abuse which had been raised by another provider directly to the local authority. The manager explained they had been unaware of the allegation until a strategy meeting had been held and had therefore not reported this to CQC. Providers have a legal duty to notify CQC of any allegation of abuse as soon as any allegation is reported.

The provider was displaying their CQC performance ratings both at the home and on their website in line with legal requirements.