

Hart Care Limited

Hart Care Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Hart Care Nursing and Residential Home provides personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

We last inspected the service on 19, 25 August and 1 September 2020, the service was rated as Inadequate because we found the provider to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to impose conditions on the providers registration to help ensure people were no longer exposed to risk of harm. We asked the provider to complete monthly action plans to show what they would do and by when, to improve.

Following the last inspection the provider had taken the decision not to provide any nursing care to people while improvements were being made. People who had been receiving nursing care had been supported the provider and the local authority to move to an alternative placement.

During this inspection we found improvements had been made towards meeting the requirements to ensure people received safe care. However, these improvements still need to be further developed and embedded across the service to ensure the quality of care continues to be consistent and safe.

People's experience of using this service and what we found

Medicines management had improved since our last inspection. Medicines were stored safely, and staff had regular training to ensure they continued to have the skills and competencies to administer medicines safely. However, further improvements were still needed to ensure people received all medicines in the way they needed. Records showed that people received their regularly prescribed medicines safely. However, there were some concerns over the administration of medicines prescribed to be given 'when required' (PRN) There was not always person-centred guidance around how and when these medicines should be given.

Systems to assess and monitor the quality of the service had been developed and improved. However, these still needed to be embedded across the service and had not in all cases identified some of the gaps found at this inspection, particularly in relation to medicines.

Risks to people's health and well-being were being assessed, mitigated and managed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions Safe and Well-led the service was able to demonstrate how they were meeting some the underpinning principles of Right support, right care, right culture. People with a learning disability who were new to the service were being supported to settle into their new home. The provider had liaised with the specialist learning disability team to help ensure people's needs were understood and appropriately met and staff had undertaken some initial training to help ensure they had the skills needed to support people. Some aspects of care planning and delivery of care, such as medicines was not person centred and had not fully taken into account people's choices, and best practice guidance.

The provider had appointed a new management team providing more stable, consistent leadership and support. The management team had shown commitment to driving continue improvement to develop the service and to provide people with safe care.

People, their relatives and staff told us the managers were open, supportive and displayed good management skills. One person said, "The manager is approachable. He's sorted out any little problems I have had, the place has improved since he arrived". Relative comments included; "The manager and deputy are brilliant", "The manager is approachable and effective, and I can't speak highly enough of him",

People told us they felt safe living at the service. Since the last inspection the management team had developed robust safeguarding policies and procedures and staff had undertaken updated training to recognise and respond to abuse or poor practice.

There had been improvement with the providers processes to record, analyse and report accidents and incidents. We saw where action had been taken to safeguard people and mitigate future risks.

Improvements had been made in the way risks relating to people's health and well-being were assessed and managed. However, care planning information still needed to be improved for people with long-term health conditions, such as Diabetes to ensure staff had the information required to understand and manage risks associated with these health needs.

Staffing levels and the organisation of staff had improved, and systems were in place to keep staffing arrangements under regular review. Staff felt supported and undertook regular training relevant to their role.

The home was clean and tidy on the day of the inspection and the provider had appropriate systems in place to prevent the risk of infection.

We have made a recommendation about medicines management and care planning specifically relating to people with a learning disability and/or autism, and care planning of long- term health conditions such as Diabetes.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 02.10.2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

This service has been in Special Measures since 01.10.2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focussed inspection of this service on 19 August, 25 August and 1 September 2020 due to concerns that had been raised. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment, safeguarding people from the risk of abuse, staffing, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurances that the service can respond to COVID-19 and other outbreaks effectively.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hart Care Residential and Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hart Care Nursing & Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, and assistant inspector, a member and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service

Hart Care Residential and Nursing 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 both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager. The person managing the service was in the process of registering with the Care Quality Commission. As the manager was not registered at the time of the inspection, we will refer to them as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 14 people who use the service, and nine relatives. We spent some time observing care to help us understand the experience of people who could not talk to us. We spoke with nine members of staff including the manager, deputy manager, compliance lead, care staff, activities coordinator and the cook. We reviewed a range of records. This included the medicines records of 11 people and nine people's care records. We looked at 3 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service. This included, health and safety audits, incident reports, policies and procedures and training records.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We spoke with five professionals who had regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found medicines management was not safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been improvements in the way peoples' medicines were managed. However, there are some further improvements needed to make sure people always receive their medicines in the safest way.

- Records showed that people received their regularly prescribed medicines safely. However, we identified concerns over the administration of medicines prescribed to be given 'when required' (PRN) for example, one person was prescribed a sedative medicine for agitation. The care plan did contain some information on what might trigger agitation, but this was not included in the medicines section. This person had been administered the prescribed PRN medicines; however, records did not document the reason why the medicine was given or if any other action had been taken to support this person's anxiety. The absence of this documentation meant it was not possible to be sure the medicines were always given in the way that benefitted the person's health and well-being or as intended by the prescriber.
- There were suitable arrangements for medicines requiring extra security and those needing cold storage. However, procedures for reporting if temperatures were out of the recommended range needed to be improved.
- Medicines audits were completed, and we saw incidents that had been identified and reported appropriately. However, the quality auditing system had failed to identify concerns we found in relation to temperature monitoring and PRN medicines.
- The service had recently started to support people with a learning disability and some of these people had been previously prescribed medicines to support episodes of anxiety. The manager was not aware of best practice guidance for providers to help reduce the risk of people taking more medication than they need. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's medicines were always managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after the inspection the manager informed us they had contacted the GP and specialist learning disability team in relation to PRN protocols, and that improvements had been made in relation to the monitoring of fridge temperatures.

- There was a new medicines storage room which meant that people's medicines were kept safely.

- Ordering processes had been improved since our last inspection and supplies of people's medicines were available.
- People were supported to take their own medicines after they had been assessed to make sure this was safe for them.
- The processes for handwriting people's medicines administration charts had improved and these were being signed and checked by two members of staff.
- Updated training had been provided for staff, and competency assessments had taken place since our last inspection, to make sure staff gave medicines safely. Incidents were reported and actions recorded.
- Creams and external items were recorded when applied for people. Care staff applying these had specific training and competency assessments.

Assessing risk, safety monitoring and management

- At the last inspection the provider had failed to have sufficient systems in place to assess, monitor and mitigate risks in relation to people's care. At this inspection we found improvements had been made, but some further improvements were needed to ensure risks associated with people's care continued to be assessed and managed safely.
- Some people were living with long-term health conditions such as Diabetes. It was noted that the care records were not in all cases sufficient in detail to ensure staff had the information they needed in relation to this condition and associated risks. For example, one person was living with diabetes and had risks associated with the condition and sensory loss. We saw staff were aware of how this person needed to be supported to keep them safe, however, records needed improving to ensure care and risks continued to be managed and understood consistently.

We recommend the provider seeks advice from a reputable source to develop Diabetic care plans, which describe the person's specific needs and risks associated with this long-term health condition.

- Systems were in place to identify and reduce the risks in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks of falls, and risks arising from moving and handling, pressure areas, and nutritional needs.
- Care records contained guidance for staff about how to support people to reduce the risks of avoidable harm. For example, where people had been assessed at risk of falls, equipment such as pressure mats, personal alarms and walking aids had been provided to minimise risks. A relative said, "[person's name] has always been prone to falls. The home responded by putting a pressure mat in place and lowering his bed. When it happened they called me straight away".
- People with risks associated with pressure damage had plans in place to reduce the risk of skin breakdown. This included, repositioning plans, fluid monitoring, pressure relieving equipment and input from the specialist tissue viability team and district nurses. A staff member told us, "If we notice anything new on someone's skin, we document straight away, then report to the district nurse or GP".
- People with risks associated with their diet had plans in place to ensure risks were minimised. Food monitoring charts, additional staffing for mealtimes and specialist cutlery and seating was available to manage and reduce risks in relation to diet and mealtimes when required.
- Risk assessments were reviewed monthly or more frequently if the person's needs changed. This supported staff to take appropriate action to reduce risks to people as risk levels changed.
- The provider maintained the safety of the building through regular checks, servicing and maintenance. Equipment was checked regularly to ensure they remained safe and fit for purpose.
- Fire safety systems were serviced and audited regularly. Individual personal evacuation plans (PEEPs) were in place detailing any risks and support people needed to evacuate the building safely in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure systems were in place and robust enough to ensure people were safe and protected from the risks of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- Since the last inspection the provider had developed robust safeguarding policies and procedures. Safeguarding training had been implemented and all staff had been trained to recognise and protect people from the risks of abuse.
- Staff told us they were confident the manager would act appropriately to address any concerns raised and they would not hesitate to escalate their concerns if they needed to. One staff member told us, "I would report it straight away to the management, I would feel confident they would sort it, and everything is documented, and we have to follow a procedure".
- People told us they felt safe living in the home, and our observations told us people were comfortable with the staff supporting them. One person said, "I am safe and comfortable here, with kind and respectful staff".
- Relatives told us since the new management team had taken over they were confident their loved ones were safe and well cared for. One relative said, "I believe mum is safe and comfortable and the staff are respectful and maintain her dignity". Another relative said, "Mum is safe and comfortable here, especially now things are improving under the new regime. Her dignity is maintained at all times".

Staffing and recruitment

At the last inspection we found staffing levels and skills were not sufficient to meet people's needs and keep them safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- At this inspection we observed there were sufficient numbers of staff to meet people's needs and to keep them safe. The manager told us they used a dependency tool alongside people's care needs to calculate numbers of staff and this was regularly reviewed.
- Care plans detailed when people required additional staff support for specific care needs, such as re-positioning, personal care and activities. People we spoke with said these specific staffing levels were in place when needed and they felt safe.
- The atmosphere of the service was calm, staff were relaxed and interacted with people as they went about their work. We saw staff spending time chatting with people and doing activities in people's rooms and the communal areas.
- All the staff we spoke with said they felt there were enough staff to meet people's needs and to keep them safe. Comments included, "Staff numbers have improved, and we have more time to spend with people", and "Yes, I would say we have enough staff and enough time. The manager and deputy are always on hand to help and never leave us in the lurch, everyone pulls together".
- Staff told us training had improved significantly since the last inspection, comments included, "The training is constant, we have just had new people move in and we have had learning disability training. I am really keen to learn more about the new people and how to support them". A training matrix was in place and was regularly reviewed by the manager to ensure training was relevant and up to date.
- The provider completed appropriate pre-employment checks for new staff, to ensure they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

At the last inspection we found Infection control measures were not robust, which placed people at potential risk. This was a breach of regulation 12 (Safe care and Treatment) of the Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We found PPE was not in all cases stored in a way that prevented risks of cross infection. Signage to remind staff how to put on and dispose of PPE safely needed improving. IPC audits needed to be developed to include handwashing. The manager addressed these areas of IPC practice during the inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Since the last inspection the provider had reflected on the concerns found and how this had impacted on people using the service. Systems across the service had been reviewed to ensure that going forward gaps and concerns relating to the quality of care can be identified, reported and addressed in a timely way.
- The process for reporting and reviewing accidents and incidents had been improved. Records showed that the management team reviewed all accidents and incidents on a regular basis and analysed any potential causes to identify any areas for improvement.

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.

At the last inspection this key question was rated as Inadequate. There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has now improved to requires improvement. Improvements still needed to be embedded to ensure consistency in the quality of care and across the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Since the last inspection the service had undergone significant changes and improvements to ensure people received safe, effective care.
- Although we found shortfalls in relation to the quality assurance system not identifying concerns in relation to PRM medicines and medicines temperature checks we did find examples of where the management team had reviewed and developed systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This included quality assurance systems and audits as well as provider oversight and management observations to regularly check on people and the quality of care provided.
- People, staff and relatives were positive about the improvements made to the home, particularly the management team. One person said, "The manager is approachable. He's sorted out any little problems I have had, the place has improved since he arrived". Relative comments included; "The manager and deputy are brilliant", "The manager is approachable and effective, and I can't speak highly enough of him".
- We did receive some feedback from other agencies that sometimes the quality of care and information they received about people from the service varied. This confirms that quality monitoring systems need to be further embedded within the service.
- Following the last inspection the provider had worked closely with the local authority quality team to review systems and improve the quality of the service. As part of this process the provider made the decision to stop providing care to people with nursing needs. People receiving nursing care were supported to find an alternative place to live. This had allowed the provider time to focus on improving the service with fewer people and less complex needs to support.
- There were clear lines of accountability across the staff team and staff were clear about their roles and responsibilities.
- The provider had appointed a new manager and deputy manager who provided stable, consistent leadership and support. The new manager was in the process of submitting an application to register with the Care Quality Commission.
- There had been improvements in systems for ensuring people were safeguarded from the risks of abuse. Staff understood what they needed to do if they suspected abuse and people told us they felt safe.
- Staffing levels and the organisation of staff had improved, and systems were in place to keep staffing arrangements under regular review. Staff felt supported and undertook regular training relevant to their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service had not always been person centred. The management team had worked hard to create a culture that was open, inclusive and put people at the heart of the service.
- Care records had been reviewed and continued to be developed to include good information about people's specific needs and how they chose and wanted to be supported
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff told us they were confident any concerns would be listened to and acted on.

Working in partnership with others

- Since the last inspection the service had worked collaboratively with professionals including the local authority quality improvement and safeguarding team who had provided support and guidance to the provider and manager.
- The manager had liaised appropriately with other agencies in relation to the assessment and mitigation of risk, this included consulting when required with the GP, district nurses and tissue viability specialists.
- The manager had liaised appropriately with other agencies to support the transition process for people moving into the service. This included liaison with the specialist learning disability team to help ensure people had support with their move and going forward in their new home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Following the last inspection, the provider and management team met with people and relatives to acknowledge the concerns that had been found and to tell them what they planned to do to improve and ensure people's safety and well-being was maintained.
- The provider developed a service improvement plan with timescales for improvement, which they had shared with the local authority and CQC.
- The management team have notified relatives, the local authority and CQC of any incidents as they are required to do so.
- The provider has responded promptly to requests for information from other agencies such as the coroner and provided an action plan to address any concerns or recommendations.
- The provider has sent monthly reports to CQC as required detailing the action taken to improve and meet regulations.
- Relatives confirmed the staff and management had been open and honest with them when there had been a concern or issue about their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some people did tell us they did not always know what was going on in the service on a day to day basis and had to rely on staff having time to tell them. We saw the provider had sent out quality questionnaires to people in May, but only two had been completed. We fed back this information to the manager at the time of the inspection and they said they would review the way they provide and receive information to people about the service.
- Relatives said feedback and communication had improved since new management were in post. A relative said, "Communication is much better now with new systems in place. If there is an issue, the manager will

listen".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's medicines were always managed safely. This placed people at risk of harm.