

Four Seasons (Bamford) Limited Hartwell Care Home

Inspection report

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Ecclesfield
Sheffield
South Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 July 2016 and was unannounced. This meant prior to the inspection people were not aware we were inspecting the service on that day.

Hartwell is registered to provide personal care and accommodation for up to 32 older people. The home is situated in the North of Sheffield in the district of Ecclesfield. On the day of our inspection there were 25 people living in the home.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Hartwell took place on 9 December 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

During our inspection we observed people who used the service were relaxed and comfortable in the company of the staff who were supporting them. There was lots of caring and supportive communication and discussion between staff and people who used the service.

We found there were sufficient staff to meet the needs of people. When people required assistance we saw this was provided promptly.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults.

Staff told us they felt well supported by the senior manager's at the home and were able to ask their advice at any time.

Everyone we spoke with and contacted during the inspection told us that the staff were kind and caring. People thought the staff had their best interests at heart and would do what was necessary to help them lead a quality life. This included providing dignified care and helping them to take part in activities which they had an interest in.

People were able to discuss their health needs with staff and had regular contact with a range of healthcare professionals as needed.

Each person's needs had been assessed and there were on going reviews and updates so that changes to a person's care could be made to continue to meet their needs.

People felt listened to. When they made suggestions or raised any concerns they said action was taken to show their comments had been taken into consideration.

Staff said that communication in the home was excellent and they always felt able to talk to the managers' and make suggestions. There were meetings for staff where they could share ideas and good practice.

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.

Staff were trained in recognising the signs of abuse and who they must report this to if they suspected abuse was occurring.

Staffing numbers were sufficient to meet people's needs.

Medicines were managed and administered in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training which helped them to provide effective care.

People who used the service were supported to eat and drink to maintain their health.

Is the service caring?

Good ●

The service was caring.

Everyone involved with the home told us the staff were caring and kind.

Staff were knowledgeable about people who used the service and were able to meet their needs.

People who used the service, relatives and staff had mutual respect for each other.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided to people in a person centred way.

People were provided with and encouraged to join in with a range of social activities and outings.

Complaints and concerns were listened to and investigated.

Is the service well-led?

Good ●

The service was well- led.

The registered manager had been in post for six years and was well thought of by everyone using and visiting the service.

People, relatives, staff and professionals were asked their opinion of the service and felt listened to.

Regular monitoring of the service helped to improve the quality of the service.

Hartwell Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2016 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in caring for older people and people living with dementia.

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 also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from the local authority safeguarding team, one social worker, a contract officer for Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the visit we spoke with eight people who used the service, five of their relatives, the registered manager, the regional manager of Four Seasons (Bamford) Limited, the deputy manager, one senior care worker, two care workers, one domestic assistant and the cook. We also spoke with three healthcare professionals who visited the service during the day.

We looked at three care plans, four staff files and records associated with the monitoring of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home. One person said, "This is a safe place to be." Another person, when asked if they felt safe living in the home said, "Of course I do, that's why I'm here, they [staff] make sure I come to no harm." One relative told us, "[Name] stays in their room by choice and I know they check on them and I feel they are in safe hands."

Staff we spoke with were aware of their responsibilities in keeping people safe. They told us they had received training in safeguarding adults and we saw evidence of this. Staff said the training had included the types of abuse people could be subjected to, how to recognise the signs of abuse and who they needed to report this to.

Sheffield local authority safeguarding team told us the provider reported any concerns to them so they could be assessed and monitored appropriately. They also said there were no current safeguarding concerns at the home.

Staff spoken with were aware of whistleblowing policies and procedures. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling their manager or someone they trust about their concerns. This meant staff were aware of how to report any unsafe practice.

The registered manager had a system in place to monitor any accidents or incidents that occurred. Staff told us they reported any concerns to the registered manager or deputy manager and they would give them advice about how to deal with the incident. All incidents and accidents were recorded, monitored and reviewed so that the likelihood of a reoccurrence was minimised.

The provider employed a health and safety officer who made regular checks of the building to make sure the premises were safe and emergency plans were in place in the event of such things as a fire. We saw the homes fire risk assessment which had been completed in July 2015. Any actions identified had been allocated to a named person who was responsible for making sure the action was completed. The fire risk assessment showed a significant number of actions had not been signed as completed. We spoke with the health and safety officer about this. They told us all actions were completed and agreed to update the risk assessment to confirm this. Following the inspection we were informed by the registered manager that the fire service had carried out an inspection of the home and had "highlighted some things that need attention along with some findings that remain outstanding from our fire risk assessment." The registered manager told us the fire service said they would re-check that all the actions identified were completed by the end of September 2016.

On the day of the inspection there were 25 people living in the home (with one person in hospital). On duty there was the registered manager, the deputy manager, a senior care worker and three care workers. There were also kitchen staff, domestic and laundry staff, a maintenance worker and an administrator.

People who used the service, their relatives and visiting healthcare professionals all told us they had no

concerns about the staffing levels at the home. Staff rota's seen confirmed that staff numbers were the same as seen on the day of the inspection, at all other times.

We looked at four staff files. We found staff were recruited in a way that helped to protect people. This was because checks were carried out before staff were offered a job. Staff told us and we saw they had completed an application form and provided their past employment history, the names of referees and proof of their identity. A Disclosure and Barring Service (DBS) check had also been carried out before confirming any staff appointments. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

The registered manager, deputy manager and senior care workers were responsible for the administration of medicines in the home. We saw all staff who administered medicines had received training in medicines management. Staff competency in the administration of medicines was also checked. This was done initially every six months and then yearly when the staff member and the registered manager were confident they were sufficiently proficient.

We saw the pharmacist had visited the home in March 2016 and carried out a full audit of the medicines. There were some minor issues identified and we saw these had been addressed immediately. The pharmacist had recorded on the summary of the report that there were no urgent actions required and no safeguarding issues had been identified. The pharmacist had planned to carry out a further audit of the medicines in six months.

Medicines were kept in a small treatment room, in a trolley which was attached to the wall. We found the temperature in this room was 28 degrees. This was above the recommended temperature for medicines to be kept safely. We spoke with the regional manager about this and they immediately organised for an air conditioning unit to be placed in the room. We saw the temperature in the room reduced to a safe level shortly after the unit was put in place.

We observed staff placed medicines in a pot, on a tray, with a glass of water and take them to each person individually. Most medicines were given to people after meals, unless there were specific instructions for them to be given at other times. Staff were seen sitting with each person encouraging them to take their medicine and also explaining why they had been given it by the doctor. When staff were sure the person had taken their medicine they returned to the treatment room and signed the medication administration record (MAR). We saw where people did not take their medicine a code was recorded to explain why the medicine was not taken.

A small number of people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. We checked the records of two people who were receiving controlled drugs. The drugs were stored appropriately in a CD cabinet and signed by two people in a CD register. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

The registered manager confirmed they were not responsible for holding anybody's bank account and did not hold any people's bank cards. The service held small amounts of money for people which were securely locked in a safe. All transactions made on people's behalf were recorded using the on-line accounts system. The registered manager confirmed a company financial auditor checked people's monies through the on-line system and in person on a regular basis. The regional manager confirmed these measures helped to

safeguard people's personal finance

Is the service effective?

Our findings

Two visiting healthcare professionals told us staff were very good at communicating the needs of people to them. They said staff knew people really well and were very good at advocating for people who used the service.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us one person had a DoLS authorisation in place. This was because the person had bedrails fitted to their bed to prevent them from falling. We saw the person's DoLS authorisation on their care file. We saw the person's social worker had completed a formal assessment of capacity and that a 'determination of best interest' meeting had been held with the person's next of kin, their GP and staff from the home.

The home had key pads fitted to the front door and an internal door. This meant that people either had to know the number of the key pad or ask staff to let them out of the home. People who used the service told us they were aware of the keypads and knew they only needed to ask staff to open them if they wanted to go out of the main entrance. Access to the outside from the conservatory was the route used by most people. Relatives we spoke with told us they knew the codes and were able to access the home freely. We spoke with the registered manager and regional manager about this restriction. They said they had made people and relatives aware of the keypads when they were considering going to live at the home and we evidenced this on the day of the inspection. The registered manager said the keypads had been put in place because of the location and position of the home, as it stood in secluded grounds, with a busy road running nearby. The regional manager said they would include information relating to the keypads in the 'service user guide' and gain people's consent to the keypads being in place before people made a decision to live in the home.

Staff spoken with told us they received regular training and updates. They said before starting to work in the home they attended a two day induction course. Following this the majority of their training was provided via e-learning but some subjects such as moving and handling were given by a trainer. All staff were signed up to the e-learning programme which meant the registered manager was aware when staff had completed training and what they were due to complete. This also provided the registered manager with a percentage total of staff who had completed training in each topic. Training courses covered all mandatory subjects such as safeguarding, health and safety, MCA and DoLS, food hygiene and dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). In the PIR the registered manager acknowledged they were "behind with staff supervisions and appraisals." The providers policy and procedure for supervisions was that they would be carried out six times per year and that staff would also expect to have a yearly appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff files showed that not all staff had been provided with supervisions and appraisals as per the policy. The registered manager showed us the plan in place to make sure supervisions and appraisals were carried out as required. Staff we spoke with said although they had not always had formal supervision they spoke daily with the registered manager and were able to go to her at any time for support and advice.

The home had one main dining room which was used by most people, with some people choosing to have their meals in their own rooms. People who used the service told us, "I don't have a big appetite now but the food is fine and there's a good variety," "It was a lovely lunch the chicken was beautiful" and "I'm fed well." One person told us they had, "One little niggle, nothing to worry about, the food is lovely but they put food on cold plates so by the time it arrives it's cold. I've complained about this several times but it keeps happening." We spoke with the kitchen staff about this. They were aware of this concern and showed us they had put the plates in the hot trolley so they would be warm by lunchtime. The registered manager told us they would monitor this and speak with the person at regular intervals to check if things had improved.

We observed lunch being served to people in the dining room. We saw people were asked their preferences from the options available. The meal looked tasty and appetizing and people showed they were enjoying the meal by asking for more and making comments like, "That was nice" "Lovely" and "Yummy."

We saw hot and cold drinks were offered at mealtimes and in-between meals. A selection of snacks was also offered to people during the morning and afternoon. In the conservatory a self serve drinks machine was on hand where people could help themselves to a cold fruit juice.

Staff we spoke with were aware if people required a special diet. One relative told us, "I've just asked staff if they'll give [family member] a soft diet because that's what they had in hospital and seemed to manage it better. I know they'll do this straight away, it won't be a problem."

A small number of people had been identified as being at risk of poor nutrition. We saw staff were completing food and fluid charts for these people and regularly weighing them. Staff told us this meant they would be able to get early involvement from healthcare professionals if necessary.

Is the service caring?

Our findings

People who used the service, relatives and healthcare professionals spoken with all said that Hartwell was a good service that provided good quality care to people. Comments included, "I am thoroughly delighted. I can't see how it could be any better," "I can't think of any single thing that they need to change," "I think they [staff] are wonderful and they really look after me. It's a nice home and I'm very pleased with it. I am very very happy," "It's much better here than the other place [previous care home]. It's the attitude of staff. They are very good and so caring," "Every time I've been in to Hartwell it has a lovely atmosphere and all the staff speak and the residents always appear to be happy and cheerful which is a lovely thing to see. I wish all homes were as easy and approachable to work with," "I nominated the staff for the provider's 'Recognition of Care and Kindness' (ROCK) award and they won. They truly deserve it" and "In my experience this home is the best in the city."

Our observations on the day of the inspection were that everyone living in and visiting the home were thoughtful with each other and had a friendly and supportive relationship. Relatives and friends were seen visiting freely. One relative told us they had "Just popped in for ten minutes before going to work but will be coming back later tonight, the staff don't mind when I come." We saw visitors going to staff and asking them about their family member and staff were knowledgeable and caring in their responses to people and their relatives.

One member of staff was the 'dignity champion'. The registered manager told us they had completed a dignity in care course and had fed back their learning to the rest of the team. The dignity champion worked as both a care worker and also covered some hours as activity coordinator. The registered manager told us this worked very well because it allowed them to assess the way dignity was promoted both during personal care and whilst social activities were taking place inside and outside the home.

We saw all assistance with personal care was provided in the privacy of people's own rooms. People were able to choose their clothing but staff assisted people to make sure that clothing promoted their dignity. We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

Throughout the day we observed staff asking people and checking if they were happy and content. For example we heard staff saying, "Are you okay in that chair or do you want to move to another more comfortable one?" "Does anyone need anything? If you do just let me know" and "Are you warm enough, do you want a cardigan getting?"

We saw two people who were receiving care in bed. They looked very comfortable and information in their rooms showed staff were closely monitoring them by changing their position in bed and recording what food and fluid they had taken. When we asked one person if they were comfortable in bed they put their thumb up to us and smiled. We saw the bed linen was freshly changed and the rooms had been cleaned and tidied.

The registered manager told us and we saw evidence that information was provided to people who used the service about they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People who used the service told us, "All the staff are very friendly, really nice. I can't fault them, I can have a joke with them. Some people will always find things to complain about but I can't grumble about anything" and "I have no complaints at all. I used to visit my aunt in here and now I am here. I enjoy it here."

Relatives spoken with said, "Everything is fine I have no worries, [name] has been in here six years and there have been no problems at all" and "Recently the staff noticed, very quickly that [name] wasn't well. They called an ambulance and got them to hospital quickly. [Name] got the treatment they needed in time."

Healthcare professionals told us, "I would just like to share how good I have found Hartwell. They are always very responsive to any situation and try really hard to work with us to find solutions" and "The staff are very quick to ring us and they know people well. We trust their instincts and they always follow the advice we give them."

Three people's care plans we looked at confirmed that a detailed assessment of their needs had been completed by a senior member of staff before they were admitted to the home. People and their relatives told us they had been involved in this and had been given time to talk about how they wanted their care and support to be provided.

Following on from the initial assessment each person had a care plan which gave details about the level of care and support people required for such things as, mobility, nutrition, continence and personal hygiene. This helped to ensure personalized care was provided to people.

Care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

In care plans we saw a letter which had been sent out to the person's next of kin inviting them to attend an annual review of their relative, which could be arranged at a mutually agreeable time. One relative told us they had been fully involved in the care planning and regular reviews for their family member. Care workers told us they updated and reviewed care plans each month or sooner if a person's needs changed.

Two members of staff provided social activities for people. Their combined hours were 30 per week. On the day of the inspection the activity worker was working 2pm until 8pm. We spoke with the activity worker. They showed us the range of activities that people could be involved with. These included movie afternoon with popcorn and shandy, bingo, reminiscence, knitting group, music sessions and crafts. Outings outside the home were also planned. One person told us, "I went to meadowhall shopping centre for the first time with the staff and loved it."

Each month there was a church service which meant people could continue to follow their faith. On the day of the inspection the mobile library came to bring new books which were put on a book case which people could help themselves to. One person told us, "The staff are always asking if I want to join in with things but I get lots of visitors so I prefer to stay in my room and spend time with them. They [staff] don't mind they understand. I think they just don't want to leave me out."

The provider had a complaints policy and procedure. These gave the contact details of relevant agencies who could be contacted if anyone wished to refer their complaint on. There had been no recent complaints made to the provider or registered manager. We looked at two historic complaints and saw these had been fully investigated by the registered manager and a full response provided to the complainant.

We saw the service had received a number of compliment letters and cards from people who had been involved with the home and had found their experience positive.

Is the service well-led?

Our findings

The registered manager had been in post since 2009. She was well respected and liked by people who used the service, their relatives and healthcare professionals.

Our observations of and discussions with the staff found they were fully supportive of the registered manager and the way in which the service was run. Staff told us, "It's not like coming to work, it's like coming to a house where we all live. Like one big family," "The manager is fair and approachable and supports staff," "I would be really happy for any of my family to live here" and "It's hard work but staff go the extra mile. We make sure people enjoy their life, that's our key focus."

The management team and staff told us they regularly saw senior managers at the home and that they were able to talk to them. The provider and registered manager regularly sought feedback about the service through surveys, meetings and reviews.

In the entrance hall there was an I-Pad. Every week a proportion of people who used the service, their relatives, staff and visiting professionals were asked to complete a survey giving their views of the home. Every three months the results of the surveys were analysed and displayed on a board in the home. This showed the positive feedback and any areas of improvement required. When negative comments or issues were given the regional manager and the registered manager received an e-mail informing them of this so that they were able to contact the person and try to resolve their concern.

'Resident and relative' meetings were held four times per year. We saw copies of the agenda and minutes taken from meetings. At the last meeting one person who used the service said they would like to start baking classes as this was something they had enjoyed when they were at home. One person said they would like steak and liver to be included in the menu and another person said they missed the drinks dispenser that was in the lounge, which allowed people to help themselves to a cold fruit juice. We checked and found these comments had been actioned. Baking classes were included in the activity programme, steak and liver was on the menu and the drinks dispenser was back in place. This showed that people were asked their opinions, listened to and where possible action was taken to carry out their wishes.

Staff meetings also took place four times per year. Staff told us they found the meetings "Useful" and "Informative." One staff member told us, "We can say whatever we want and the registered manager listens." Minutes from the meetings were put on display in the staff room for all the staff to read. We advised the registered manager that staff should sign the meeting minutes to confirm they had read and understood them.

The provider and registered manager had a system in place to monitor and audit the service. All areas of the service including care plans, environment, medication, housekeeping, health and safety and information governance were audited. Audits were completed either weekly, monthly or quarterly using the on-line

'quality of life system'. We saw a selection of the audits completed which showed the service took action as a result of the outcome of audits in order to promote and sustain improvements to the service.