

# Rotherham Metropolitan Borough Council

## Lord Hardy Court

### Inspection report

Green Rise  
Upper Haugh, Rawmarsh  
Rotherham  
South Yorkshire  
S62 7DH

Tel: 01709336188

Date of inspection visit:  
11 July 2019

Date of publication:  
13 August 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Lord Hardy Court provides personal care and intermediate care for up to 60 older people, including those living with dementia. The home consists of four units and is located in the Rotherham suburb of Rawmarsh. At the time of our inspection there were 38 people using the service.

People's experience of using this service:

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines although the increased frequency of medication audits would help identify minor recording errors in a more timely way.

People received planned and co-ordinated person-centred care which was appropriate and inclusive for them.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in planning and reviewing their care and support.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The registered manager and staff team supported the values of promoting choice, control, independence and inclusion. People were supported to achieve their own goals and be safe.

Systems were in place to monitor the quality and safety of the service. The provider had good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

Rating at last inspection: Good (report published 01 February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Lord Hardy Court

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection consisted of one inspector and one 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 type:

Lord Hardy Court is a care home. People in care homes receive accommodation and 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.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 11 July 2019.

#### What we did before the inspection:

Before the inspection we reviewed information already known about this service including previous inspection reports and any notifications about the service which are important events the service is required to tell us about. 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 this information to plan our inspection.

#### During the inspection:

During this inspection we spoke with five people, four relatives and one visiting healthcare professional.

As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with the team manager, registered manager, deputy manager and seven members of the staff team.

We reviewed seven people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only those appropriately trained administered medicines to people. People confirmed that they got their medicine at regular times. Comments included, "My tablets are on time." We observed staff giving people their medicines and checking whether people required any 'as required' medicine, such as pain relief.
- Protocols were in place for medicines that were to be taken as and when needed.
- There were safe arrangements to receive, store and dispose of medicines.
- We identified minor recording issues, such as omitted signatures on medication administration records (MAR). These did not pose significant risk to people however, the registered manager committed to address them immediately by organising individual and group supervision and ensuring audits were more robust and more frequent.

### Staffing and recruitment

- People continued to be supported by staff who had been safely recruited. A full employment history and references were obtained. Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions.
- People told us there were enough staff. One person told us, "Yes, there are enough staff and they come when I buzz."
- The registered manager or deputy was available outside office hours for advice and guidance and staff told us they contacted them when they needed to.
- There were contingency plans to cover emergency shortfalls, such as sickness. Occasionally agency staff were used. The registered manager used the same agency staff to ensure consistency for people.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted on any concerns raised by notifying the local authority.
- A person we spoke with told us, "Oh yes, they look after you and make sure you are alright." They can't do enough to help me.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans were devised to mitigate any risk identified. People told us that assessments had been completed around their mobility to ensure they were able to move around the home safely. One person told us, "I fell and pressed my buzzer and a voice came back. The staff were here within seconds. Staff called for paramedics as I had banged my head. I feel really safe, it's a lovely feeling when you are not well."
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities.
- The provider kept records of accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies.
- Regular audits were completed on equipment and safety tests were in date.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which instructed staff how to support someone exit the building in an emergency.

### Learning lessons when things go wrong

- Accidents and incidents had been recorded by staff and were monitored by the registered manager to try to prevent similar incidents being repeated. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.
- The provider disseminated information to all its locations when incidents occurred, and lessons had been learned

### Preventing and controlling infection.

- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- Some staff had false nails and jewellery which was contrary to the provider's policy. The registered manager assured us this would be addressed through individual supervision.
- We found the home clean throughout our inspection, although some carpets were showing signs of wear. People told us levels of hygiene at the home were good. One person commented, "Yes, it's clean."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were applications for DoLS either pending or approved by the local authority, giving a clear rationale as to why a DoLS was necessary. The registered manager said they were following this up to ensure all were approved and were reviewed when required.
- Staff demonstrated a good understanding of supporting people in the least restrictive way. They said they took into account people's ability to make decisions and where they could not they involved appropriate people who could act on their behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed prior to admission and reviewed on a regular basis.
- People told us that they had been involved in the assessment process. One person said, "We discuss everything and staff always ask my opinion and what I want."
- People's care plans contained assessments related to both their health and social care needs. For example, continence care and important social networks.
- Information gathered from assessments was used to create a care plan that was personal to the individual and reflected their routines and any expected outcomes.

Staff support; induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good and relevant to their role. They felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition appropriate healthcare professionals were consulted for support and advice.
- Our observation of lunch showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat. They were aware of people's dietary needs and any support they required to maintain a healthy weight.
- People told us they enjoyed the food. Comments included, "The food is top notch, the roast lamb was as good as a carvery," "I have no complaints about the food, it's smashing," and "The meat and potato pie is excellent and so much of it. My diabetes is now controlled."
- Lord Hardy Court had a café area which opened once each week for people and their relatives to use, should they choose. This made further menu options available to people. The café was well attended on the day of our inspection.

#### Staff providing consistent, effective, timely care within and across organisations

- Staff worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People were supported to access healthcare as they needed it. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may require quick attention from a healthcare professional such as a GP or community nurse.
- Staff worked with other agencies to support people with the care they received. Information was shared with relevant people including health and social care professionals as well as family and interested parties. One visiting professional told us, "This is a wonderful place; the staff are helpful, kind, professional and knowledgeable about the people they care for."

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

- The service was suited to people's assessed needs. It was spacious with good indoor and outdoor space. The service was well decorated but there were some carpeted areas of the service which were dated. Generally the building was well maintained with routine checks being carried out.
- Each room had a balcony. All the balconies had been out of use for some time for safety reasons. There was no indication of when this would be remedied. People and their relatives found this disappointing. Comments included, "We can't go out on to the balcony, which is a shame. It is down to cost."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. People were at ease with staff and they smiled and laughed with them.
- Staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.
- People were continually engaged with a member of staff, in meaningful ways. Staff displayed good knowledge about individual's needs, strengths, anxieties and how they communicated.
- Staff respected people's equality, diversity and human rights and recorded them as part of the support planning process.
- A health care professional noted, "The staff are always excellent. I believe people receive great care here."
- Comments from people and relatives were positive and included, "I get on with the staff; I have no fault with them. They are cheerful and pleasant and have a laugh," "The staff; you couldn't wish for better they are fantastic, lovely and kind they can't do enough for you," "They are kind. Visitors can come at any time; they are flexible with it as they are visiting from Spain," and, "They are so kind and have so much empathy. They know dad now."

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction and saw staff treated the person with dignity and respect.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the persons bedroom. However, we saw one person had spilled food on their clothes at lunchtime. The person's clothing was not changed before moving on to take part in a reading activity. We discussed this with the registered manager who told us this would be addressed directly through individual supervision and staff meetings.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking. Staff were on hand to provide assistance and encouragement if required.

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

- People were supported to be involved in decisions about their care. We observed several instances of people discussing their support and staff responding as directed by the person.
- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were supported to keep in touch with family and friends. Relatives often came to visit their loved ones at the service and they often went out together.
- Staff and the managers had built up relationships with family members and we saw positive interactions between them. Visiting family members were welcomed, and relevant information was shared and discussed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was tailored to and responsive to their needs. Care plans were developed and written with each person and reflected their individuality.
- Care plans reflected people's mental, physical, emotional and social health needs. People had access to their care plans and told us they discussed them with staff.
- Care and support plans were reviewed regularly and updated when there was a change in a person's needs or preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents, using pictures or the use of a computer tablet. At the time of the inspection people did not need information in a different format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain contact with friends and family.
- The service did not have a dedicated activity coordinator. Staff and volunteers provided interactive group and one to one activities which people enjoyed. The service also used external entertainers.
- People told us, "I have been baking, I enjoyed it," and, "There was baking, but I would rather watch TV, I love Wimbledon."

End of life care and support

- People were supported to think and plan for the end of their life taking into account protected characteristics, culture and spiritual needs. The registered manager said not everyone had wanted to discuss this, but this was recorded as part of the original assessment of need.
- Staff recorded and communicated people's choices and wishes for end of life care, if known.

- The provider ensured end of life training was available for staff.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain, that they would speak to staff and felt confident to do so if needed. They did not have any complaints about the support they received. One relative told us, "We have no complaints. He [person] has had brilliant treatment."
- Information about how to complain was displayed on the noticeboard in the service.
- There had not been any complaints in the last 12 months.
- The registered manager told us that as they all worked closely together. Any minor grumbles were discussed at the time and resolved satisfactorily. For example, a relative said, "We told them that a chair in his room smelled. They shampooed it overnight; they listened."

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance checks were regularly conducted to ensure that records were complete, that care was delivered in line with people's needs and that premises were safe. The management team accepted the issues we identified regarding medication and committed to ensure future audits were more frequent and robust.
- We reviewed the provider's monthly audits, that showed that any premises issues were identified and prompt action taken to remedy them.
- People's care files were subject to regular review for accuracy.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

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

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The registered manager had created an inclusive culture that put people at the heart of the service. They were visible within the service and knew each person well. The management team spoke with them, and staff, continually throughout the day, and provided a good example.
- Staff and people spoke highly of the management team. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "'I'm well looked after, no bad things everything is fine. It's a lot better than I expected it to be."
- Staff told us morale was good as they had a strong team who worked for each other. However, some staff told us morale was affected due to their uncertainty about the future of local authority services. We observed good working relationships amongst the staff team.

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 registered manager had an open-door policy. They listened to concerns and involved other professionals when appropriate.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission in line with guidelines.
- When there had been reportable incidents, the registered manager had liaised with the local authority. Action was taken to prevent similar occurrences, and these were shared with staff and used as a learning opportunity.

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

- There was good communication throughout the staff team and between people and staff. A relative commented, "It feels a relaxed and comfortable home. It's a fabulous place; [person] has been happy here. I would move in here."
- Staff communicated well to make sure key information was recorded and handed over between shifts. This included any changes in a person's mood or if they had been feeling unwell. This enabled the next supporting staff to continue to monitor people.
- Staff recognised the importance of providing support in ways that promoted equality and diversity. They completed training about respecting people's choices about their identities and lifestyle. This included information about the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation.

Working in partnership with others

- A health care professional told us, "Everyone is on the ball here. Any instructions I leave are always carried out and communication between us is excellent and professional"
- The registered manager and staff worked with people and their health care professionals, such as continence nurses and speech and language therapists to provide effective, joined-up care and support.