

Heartwell Care Ltd

# Heartwell House Residential Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Hartwell House Residential Care Home is a residential care service providing personal care and accommodation to people with mental health needs. At the time of the inspection the registered manager confirmed the service was providing personal care to nine people.

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

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow. Risk assessments reduced risk for people.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs.

Staff went through a recruitment process so that the provider only employed suitable staff, though this needed to be more robust to include relevant past care references.

Staff had received training to provide knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity. They supported people to be independent.

People were involved and consulted when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure they received help to maintain their health and wellbeing.

People knew how to raise concerns or make a complaint. The provider had a system in place to respond to complaints to put things right. The updated complaints policy provided information about how these would be managed and responded to.

People and staff spoke positively about the management and leadership of the service. They said staff were friendly and caring, and they had built good relationships with them.

The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to improve the service, though more systems needed to be checked to always ensure a quality service.

#### Rating at last inspection

The last rating for this service was good (published 13 December 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well Led findings below.

Good ●

# Heartwell House Residential Care 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a residential home. It provides personal care and accommodation to people with mental health needs, people with substance misuse issues and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means 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

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included notifications. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the service about their experience of the care provided. We also spoke with two members of care staff, the registered manager and the deputy manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

The registered manager sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for the home. This included plans to evacuate people safely in the event of fire. Fire checks were in place including holding fire drills. There were individual personal evacuation plans in place.
- Management had assessed individual risks to people's safety. Information was in place for staff if action needed to be taken to reduce these risks. For example, a risk assessment was in place for managing a person's diabetes.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to manage situations where people had distressed behaviour.

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

- People said they felt safe and secure with staff. One person said; "Staff are good. They try to help us when they can."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. Staff received safeguarding training.
- A whistleblowing procedure was in place for staff to report to outside agencies if they were not confident that management would deal with the incident properly.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.
- References had been taken up. However, they had not always been taken up from past relevant care employers to validate the competence of staff. The registered manager sent us information after the inspection visit to ensure a robust system was in place.

Using medicines safely

- People said staff always gave them their medicines. Records showed that people had received their medicines at prescribed times.
- Medicines were kept safely. Temperatures for storing medicines in the medicine room were monitored to ensure medicine was effective to use.
- A daily medicine check was in place to ensure that medicine had been supplied to people safely and as prescribed.

Preventing and controlling infection

- The premises were clean.

- Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

#### Learning lessons when things go wrong

- The registered manager said they were aware of the need to learn if situations had gone wrong.
- Lessons have been learnt so that staff were aware of how to supply medicines safely.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People said timely care had been provided to them.
- People's needs had been assessed to ensure they received the right support. Staff said that management asked them to read care plans and plans helped them to provide care that met people's needs.
- Staff had received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People said they thought staff had been well trained to support them. One person said; "Staff know what to do when we need help."
- People were supported by staff who had received ongoing relevant training. One staff member said they would like further training on diabetes. After the inspection visit, the registered manager took steps to arrange this.
- On joining the service, staff received an induction and training in relevant issues such as health and safety, and how to keep people safe. New staff had been given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the food provided. One person said; "The food is very tasty. We get asked what we want." Food choices were discussed at residents' meetings.
- Staff had information about people's needs to ensure the food was safe for people to eat and drink. This information was kept in the kitchen, so the cook always had relevant information to refer to. Drinks and snacks were available to people to ensure they were not hungry or did not become dehydrated.
- Staff were aware of people's dietary requirements, such as catering for people with diabetes. People said they had food that respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting health and social needs. Information was included about working with community psychiatric nurses and social workers.
- If people had an accident staff knew they had to report to management and, if needed, call the emergency services to obtain healthcare.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was arranged. Some people were able to go to the

surgery themselves, with or without staff assistance. People said staff helped them with their health. One person said; "Staff remind me about appointments and go with me if I want this."

- If people needed to go to hospital, an emergency grab sheet went with them, detailing their health needs, so that hospital staff were aware of important health information.
- People's health and wellbeing was supported by staff. Records of people's care showed contact with a range of professionals such as specialist nurses, GPs and consultants.
- People confirmed that staff encouraged them to go to the dentist and to brush their teeth. A care record showed a dental appointment being made when a person was in pain and in need of treatment.

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

- People said they were happy with the home's facilities and they liked their bedrooms.
- People said they could personalise their rooms with their own belongings.
- Décor looked tired as there was damaged paintwork to doors, skirting and walls. Some furniture was damaged. The registered manager said that the provider was aware of this and plans were in place to refurbish the home and replace furniture by May 2020.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We found this to be the case.

- Staff were trained to understand the MCA. Authorisation had been obtained from the DoLS team to show this was being done lawfully.
- People said they were asked for their permission before being provided with support from staff.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- Staff were aware of what the MCA and what it was for.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People said staff were friendly and caring. One person said; "Staff are good. I like them." Another person said, "Staff are always friendly." People said they were always treated fairly. Conversations between staff and people were relaxed and positive.
- The service statement of purpose included a statement of rights including the right to be treated in a respectful and dignified way. People said they could go to places of worship if they wanted. People's sexuality was positively considered in care plans to ensure people were treated with dignity. This gave emphasis to staff that people were to be well treated whatever their personal preferences and lifestyles were.

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

- People said they had been involved in care planning. A person said; "I look at my care plan when I want. I agree with it."
- People said management checked they were satisfied with the service they received. For example, in residents' meetings people had been asked about their satisfaction with food and facilities.
- Reviews of people's care had taken place. People confirmed they had been asked about whether care provided still met their needs. They had signed to agree to the personal care they needed in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. One person said; "Staff don't barge into my room. They always knock."
- People said they were able to choose their lifestyles, such as choices for getting up or staying in bed, involvement in activities and food and drinks choices. Care plans had information about people's preferences. People said they could do things when they wanted to. One person said; "I can go out to do shopping when I want."
- Staff said they supported people's independence to be able to do the things they could do, such as helping in food preparation and applying creams.
- People said staff respected their beliefs and if they wanted to pray. One person said; "I go to temple if I want." Religious festivals were celebrated.

# 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 good. At this inspection this key question has remained the same.

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

- People said they were happy with the care provided. One person said; "Staff help when we need them."
- Staff responded to people's needs. For example, a person with a cold was asked by staff if they wanted to see a GP.
- People said there were enough staff to provide the care when they needed.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had detailed information to assist them to meet people's individual needs. Staff members were aware of people's important routines.

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 service identified people's information and communication needs by assessing them.
- The registered manager said that no one needed alternative methods of information, and written information about the home was available in the languages people spoke.
- The registered manager said that other formats would be provided if this was needed in the future.

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.

- Care plans contained information about what people enjoyed doing.
- There were activities for people. These included games, walks, watching films, daily exercises, which we saw people taking part in, and going out to activities in the community, such as shopping. Staff said that people were offered activities, but they often refused to take part. People confirmed this was the case. □
- Links with family, friends and the local community were promoted. People said visitors were welcomed by staff.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. No one said they had any complaints. People were confident that management would sort out issues when there were any. This gave reassurance that swift action would be taken if needed.
- There was a complaint policy and procedure in the service user's guide. The procedure for complainants included incorrect information, and did not refer to a relevant outside body. The registered manager

amended the procedure and supplied this to us after the inspection visit.

- No formal complaints had been made in the past year. There was evidence that verbal complaints had been properly dealt with by the registered manager.

# 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 good. At this inspection this key question has remained the same.

This meant the service management and leadership was consistent.

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

- The registered manager and staff were clear about their roles and responsibilities to the people they supported.
- Quality audits were carried out to drive improvement of the service. For example, there were audits to check that care plans reflected people's needs amount to meet them.
- However, some audits had not been carried out such as staffing levels and staff training. This had not resulted in a risk of poor care being provided to people but there was a risk that this could happen. The registered manager said these systems would be reviewed and followed up. CQC recommends that the registered manager considers how staffing levels and staff training can be regularly reviewed as part of their audit process.
- A manager was registered with CQC. They were clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service. Staff said there was good teamwork and all staff worked together to provide a quality service to people.

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

- People had opportunities to share their views about the service through surveys provided to them and in residents meetings. Staff also received a survey to put forward comments about whether improvements were needed. However, there was no evidence that all their survey suggestions had been acted on.
- People said they were happy living in the home. One person said; "This is a good place. We are looked after well."
- Staff were supported to share their views about people's care directly with the registered manager, and in staff meetings. They said they felt confident they could always raise any issues and ideas to further improve the service.
- Management staff promoted positive team working. One staff member told us, "We work together so there is a happy home."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People said individual care was provided around their needs and preferences.
- Management worked closely with healthcare professionals to improve people's health.
- The registered manager understood their duty to of candour responsibility, to apologise and explain to people and their representatives if things had gone wrong.

#### Continuous learning and improving care

- There were reviews of people's needs to ensure the care provided was appropriate and people were provided with the care they needed.
- Staff meeting minutes showed that different issues were discussed each month to remind staff about important issues such as training, safeguarding people and infection control.

#### Working in partnership with others

- The service worked with a range of health and social care professionals such as social workers and community psychiatric nurses.
- People were supported to use local services if this is what they wanted.