

Hart Care Essex Ltd

Hart Lodge

Inspection report

10 Whalebone Grove
Romford
Essex
RM6 6BU

Tel: 02082620156

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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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

The service was safe and people told us they were happy living in the home. People were supported by staff who were knowledgeable of their needs. Staff provided compassionate care and respected people's privacy and dignity.

People were encouraged to remain as independent as possible and develop their daily living skills such as cooking, cleaning and taking part in outdoor activities or voluntary work in the local community.

However, we have made a recommendation for the provider to review its staffing levels because only two staff supported up to 11 people during some days, which meant there was a risk of additional pressure being put on staff should a serious incident occur.

There was a new provider in place, who took over the running of the home in 2018. They had implemented quality assurance systems to ensure the home was operating effectively. Further work was needed to improve some aspects of the home. For example, communication between managers and the provider required some improvement to help deliver a consistent service to people and ensure the home was well-led.

People received person centred care from staff who were kind and caring. People were involved in the running of the home and provided their feedback. Staff received training and development and felt supported.

The service was responsive to complaints that were raised and feedback was obtained from people. The registered manager promoted an open culture of working together with staff.

The provider told us that they were planning a full refurbishment of the home. They had plans in place to ensure minimal disruption to the service while also reviewing how best to support people and improve the service.

Rating at last inspection:

We inspected the service in April 2017 and rated the service Good. After this inspection the service was re-registered with a new provider and this was the first inspection since the change in registration in March 2018.

Why we inspected:

This was a planned inspection that was part of our inspection schedule. We inspected the service because it was under a new registration. All newly registered services are planned to be inspected within 12 months of their registration.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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?

Requires Improvement ●

The service was not always Well Led.

Details are in our Well-Led findings below.

Hart Lodge

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector.

Service and service type:

Hart Lodge is a residential care home that was providing personal and nursing care to 10 people at the time of the inspection. 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. The service is registered to provide accommodation and support with personal care for up to 11 people with mental health needs.

The service 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 was an unannounced inspection. Inspection site visit activity took place for one day on 29 January 2019. We visited the office location to see the registered manager and office staff; and to review care records, staffing records and policies and procedures relating to the service

What we did:

Before the inspection, we reviewed information we already held about this service including details of its registration. The provider had yet to submit a Provider Information Return because the registration of the service had changed. They told us they would submit this as soon as possible. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We reviewed care records including people's care plans and risk assessments; records relating to the management of the service, such as staff training records, staff duty rosters, four care plans and medicine records. We spoke with the registered manager, the deputy manager and a senior member of support staff. We also spoke with four people living in the home. After the inspection we spoke with two relatives and contacted social care professionals for their feedback. We also spoke with the area manager for the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: The service was safe and people were protected from abuse and avoidable harm. Risks to people were assessed and staff were recruited safely to ensure they were of good character.

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

- People told us they felt safe. One person said, "Yes I feel safe. I like it here very much. I am comfortable and the staff are helpful." Another person told us, "I am safe here. I am fine."
- There was a procedure in place to protect people from the risk of abuse. Staff understood how to safeguard people and report any abuse. They confirmed they had received training. A staff member said, "If there is a safeguarding concern, I would report on it and inform the manager straight away. I would call the police if I had to." Information about reporting abuse was displayed in the service.

Assessing risk, safety monitoring and management:

- Risks to people were assessed so they could be supported to stay safe. For example, risks associated with people's behaviour, choking risks, incontinence, risks to their health and mobility were in place.
- Where people were identified as being at risk, appropriate measures were put in place and staff were aware of these risks.
- Some people were subject to Community Treatment Orders (CTO), which meant that they were required to comply with certain conditions to receive rehabilitation and counselling while living in the community. Staff were mindful of this and understood the risk of people breaching their CTO. For example, where a person was at risk of misusing alcohol or illegal substances, which was in breach of their condition, "Staff were to be vigilant for any signs of alcohol consumption or changes in [person's] behaviour and to act immediately on any concerns."
- Safety and maintenance checks were carried out on gas and electrical equipment, fire equipment and water temperatures.

Staffing and recruitment:

- We looked at staff duty rotas and saw that two staff were always on site during the daytime shifts. The registered manager worked in the home during some days of the week. This meant that on some days there would only be two staff on duty for the whole day if the registered manager was not working that day.
- Staff gave us mixed views about staffing in the home. One staff member said, "We don't have any issues with staffing." Another staff member told us, "There has been a reduction in staff and it has affected how much time we can spend with people because there is more work."
- However, we were concerned that with up to 11 people living in the home, this could put additional pressure on staff should an incident or emergency occur and the registered manager was unavailable. This would mean there would be limited staffing numbers supporting a large number of people.

We recommend the provider follows best practice guidance and reviews staffing levels to ensure they are sufficient at all times of the day.

- Pre-employment checks were carried out, which ensured staff that were employed were suitable and of good character.
- People received care from staff they were familiar with and this helped with people receiving consistent care and support. One person said, "I know all the staff here. I think there are enough staff yes."

Using medicines safely:

- People received support from staff with their medicines to ensure they were managed safely. One person told us, "I get my medicines on time at 5.00pm and 7.00pm."
- We looked at the administration of medicines and found that people received their prescribed medicines at the right time. Policies and procedures were available for staff to refer to.
- Medicines were stored securely in a locked cabinet in the staff room, from where people were administered their medicines.
- People who required medicines had an individual medicine administration record chart (MAR chart) with a list of all the prescribed medicines that the person required and at what times. MAR charts that we viewed, were up to date and accurate.
- We saw the management team carried out regular audits of medicines to check they had been administered and recorded.
- Some people managed their own medicines and were supported by staff to do this. People who self-administered ticked a board in their rooms to show that they had taken their medicines so that staff could check and ensure they remained safe.

Preventing and controlling infection:

- The provider had systems in place for the monitoring and prevention of infection.
- Staff knew the steps to take to prevent the spread of infectious diseases such as proper hand washing. They had received training in infection control.
- Hazardous materials and liquids were stored in a locked cupboard within the home to ensure people remained safe and did not come into contact with them.

Learning lessons when things go wrong:

- The provider had a system in place to record of any accidents and incidents involving people using the service.
- The area manager told us they had recently received a complaint from a person's relative and were learning how they could do better to support the person. This would help prevent re-occurrence of such incidents and complaints in future.

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

Good: People's outcomes were good and they told us they were happy with the quality of the service.

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

- People's needs were assessed and care was planned and delivered in line with their individual support plan. Before a person started using the service, an assessment of their needs was undertaken with their consent and with the involvement of relatives and other healthcare professionals.
- People were supported to transition from their previous placement, for example a secure hospital or another care home, to Hart Lodge.
- Transition plans were in place and they stated that this would ensure "People's move and settlement period in the home was smooth and stress free as possible." This helped people achieve effective outcomes for their care.

Staff support: induction, training, skills and experience:

- Staff were supported by the management team with supervision to discuss any areas of concern and their overall performance.
- A staff member said, "I have received up to date training. Our most recent training was on breakaway techniques." A person told us, "I think the staff are very good at their jobs. They are very understanding."
- People were cared for by staff who received appropriate training and development to ensure they were equipped with the skills and knowledge to provide effective care. New staff received an induction from the provider before commencing their roles.
- Training topics included medicines, food hygiene, safeguarding adults, mental health awareness, infection control and first aid.
- Staff were also encouraged to complete qualifications in Health and Social Care to aid their development.
- We noted that a new member of staff had recently been recruited but there had been a delay in their induction training. We also noted that upcoming training for staff had been put on hold for a few weeks, due to issues with the current training provider. This meant staff training would be overdue. The area manager informed us they would set aside a suitable date for all staff to attend and complete their training and inductions once the issues had been resolved.

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

- People were supported to have enough to eat and drink. Most people were independent and were able to prepare their own meals but were supported by staff when required. One person said, "I can make myself a snack when I want one and I go shopping with the staff."
- Where people required culturally specific or religious diets, these were catered for and their food was stored separately to avoid any cross contamination with non-culturally specific foods.
- Staff supported people to ensure they maintained a balanced diet. For example, people were supported to

see a dietician to support them with their dietary intake or controlling their weight.

Staff provide consistent, effective, timely care within and across organisations:

- Staff worked with mental health professionals and communicated with them to ensure people's needs were met and effective support was maintained. This helped people in their recovery and enable them to work towards positive outcomes.
- Staff worked together to provide consistent care. They completed daily records which were detailed and contained information on each person's daily activities, health and wellbeing. A staff member said, "It helps with communication so that we can follow up on any things that need to be done. We also do a full handover to staff coming on shift."

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

- The service was suitable for people with mental health needs. There were communal areas for staff and people to spend time with each other. One person said, "I like it here, the home is nice and there is a lot of space."
- Some people required the use of a wheelchair and there was suitable access for them to and from the home. For example, a ramp was positioned outside for ease of access for wheelchair users.
- The registered manager informed us during our inspection that a full refurbishment was planned for the home by the provider. After the inspection, the provider assured us that the works would cause as little disruption as possible to the home and would ensure people received consistent support. The area manager said, "We have done a full assessment of the property and have identified what we need to do and change to make it even better. It needs freshening up."

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

- Information about the involvement of healthcare professionals in people's care was available in their care plans. This meant staff had the necessary information to support people to meet their healthcare needs. People were supported to access treatment from healthcare professionals such as general practitioners and psychiatrists, to ensure their health and wellbeing was maintained. Records of visits to health professionals and referrals to them were recorded.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's decision-making ability had been considered and their capacity was assessed.
- We found that all people provided their consent to care. There was no one in the home that was subject to DoLS.
- Staff understood the MCA and had been trained to ensure they followed the principles of the MCA to protect people's legal and human rights. A staff member said, "I always gain consent before I do anything."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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:

- People and relatives were happy with the care they received and the way they were treated by staff. One person told us, "Really caring, lovely staff here." Another person said, "Yes the staff are very caring and very nice. They support me well and I feel independent."
- Relatives and health care professionals commented positively about the care and support provided by staff. Comments included, "The staff are very friendly and very caring. Lovely team" and "Very good home."
- During the inspection we observed staff interacting with people in a professional, calm and relaxed manner. Staff were polite and demonstrated a caring attitude.

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

- People had been involved in developing their care plans and signed to confirm they agreed with their contents. This meant people had the opportunity to be involved in the delivery of care and support being offered.
- Care plans were up to date and regularly reviewed to reflect changes in people's care needs.
- People were able to express their views about their choices, health and wellbeing with staff members in key work meetings.

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

- Staff promoted people's independence, for example by encouraging people to cook for themselves or go to appointments where they were able to. One person told us, "Yes I can do a lot of things for myself such as my washing and shopping. I make snacks and meals when I can." Another person said, "The staff respect me and my privacy."
- The provider promoted the equality and diversity of people regardless of their individual circumstances. People were not treated differently or less favourably, on the basis of their specific protected characteristic, including race, gender, disability, sexual orientation and religion.
- People were supported by staff to express their sexuality or their sexual preferences and were given privacy to do so.
- One member of staff said, "We treat everyone equally." This showed that the provider promoted the equality and diversity of people regardless of their individual characteristics.
- Staff were very aware of the importance of confidentiality. They knew to whom they could share confidential information with. People's records were kept securely.
- Staff understood the importance of respecting people's privacy and dignity. They ensured that when they assisted people with their personal care, this was done in private. A staff member said, "We make sure that people are given privacy and that doors are closed."

Is the service responsive?

Our findings

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

Good: People's needs were met and they were listened to by staff. People received a person centred service from staff who understood them.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People took part in activities of their choice such as day trips, walks in the park, cinema and social events. One person said, "I have plenty to do and every week, I do voluntary work in the local church." A staff member told us, "People have their own lives, patterns and routines. They do a lot for themselves such as college and work." We noted that another person attended drama classes, relaxation classes and was a member of a gym. This showed people were supported to pursue their hobbies and interests.
- However, we noted that people who did not go out during the day had little to do inside the home. One person said, "It's alright. I do things when I want to, sometimes it is very quiet here though."
- Staff also told us there was previously an activity coordinator but they no longer worked in the home. A staff member said, "That was a shame as it means there are less indoor activities and we are a bit stretched and not able to always support people with them because we have our own work to do. There are only two of us during the day."
- The area manager told us that they were planning to change the service delivery model because most people were fully independent and could engage in their own activities.
- This was confirmed by two people we spoke with who told us they were going out for the day as a group, for lunch and shopping. One person said, "We are going on our own to have a nice lunch. I also want to go shopping and buy some clothes. I am looking forward to it." Another person told us, "I have key to the front door and my bedroom door and I can come and go as I want. It is a nice home with nice people."
- People were able to provide their feedback about what they wanted to made more available to them in the home and we saw that there was a "You Said, We Did" noticeboard on display. However, we noticed that it had not been updated for some time. The provider told us while they made changes to the home, they would undertake a thorough review of people's needs to ensure the staff would be able to continue to meet them after the changes have taken place.
- Each person had a bedroom which they personalised according to their preferences. We saw that people kept personal items in their rooms.
- People received personalised care and support that met their individual needs. Staff were aware of people's backgrounds, mental health histories and personal circumstances.
- Care plans provided clear guidance for staff to ensure that people's care and support needs were met consistently and in accordance with their wishes. This meant the care was person-centred.
- People established goals for themselves that they wished to achieve while they stayed in the home, such as increased independence or improving their daily living skills such as budgeting and socialising.
- For example, one person's care plan stated, "[Person] wants to maintain strong relationships with family and enjoys their visits. Staff to encourage [person] to maintain relationships with family and friendships with people in the home."

- Care plans contained information about the person such as their likes, dislikes, preferences, family details, cultural or religious beliefs and any medicines they were taking.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received and the timescales for a response. One person said, "Oh I know how to complain and would speak to one of the managers or to senior staff."
- Relatives told us that they were able to discuss any issues with the staff or the registered manager.
- We noted that one complaint was in progress at the time of our inspection, which the registered manager was investigating.

End of life care and support:

- People's end of life wishes were briefly explored and recorded by staff when a person was admitted to the home.
- At the time of our inspection, the service was not providing support with end of life care but we noted that staff had received training.
- The registered manager informed us the service would be prepared should person require this support in future by consulting with health care professionals, people and family members to ensure people's end of life wishes were met.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a registered manager in post who understood their responsibilities of registration with us.
- The management of the service had undergone changes due to a transfer to a new provider in 2018. This had led to some inconsistencies in the home.
- Improvements were required to ensure people received a service from staff who had received up to date training to ensure their skills and knowledge were up to date.
- Staffing arrangements in the service meant there was limited visibility from the registered manager during the week and meant that only two staff were on duty during the day. This meant there was not sufficient oversight of the service.
- People and relatives told us the home was well managed. One person said, "The manager is really good. She listens and understands." However, one relative felt that the home "Was not as good as it used to be. Needs some improving, like with fixings. Staff don't always notice these things, as they have a lot of work to do."
- The registered manager notified us that they would be leaving their post in the coming months and told us they had informed the provider of this.
- We spoke with the area manager after the inspection, who told us that the recruitment process for a new registered manager had started.

Continuous learning and improving care:

- The management team told us they were pleased with how the whole staff team had adapted to changes in the past year but were unable to specify a particular incident or event that they had learnt from.
- After the inspection, the area manager told us they planned to develop staff skills with investigations and reporting of complaints and incidents so that they could learn from mistakes and ensure they were not repeated.
- The provider sought people's feedback via surveys and questionnaires. Comments included "Joyous mood and everyone happy in the home. Amazing staff"; "Thank you for looking after my [family member]. They were very happy with you" and "[Deputy manager] is fantastic and is the one to go to. So many cool memories."
- The new provider had recently undertaken an internal audit and found some areas for improvement and an action plan was in place to address the concerns.
- However, the registered manager told us that the audit was not fully accurate because it referred to

information about other people who were not living in the home.

- This showed that more work was needed to ensure there was stronger oversight of the home and clearer lines of communication between the new provider and the management team.
- Since then, the registered manager and area manager had identified most of the issues we found during the inspection. The area manager told us they agreed that communication needed to be improved and they planned to instil this over the coming months.
- They had plans in place to address shortfalls and the provider was committed to improving the quality and safety of the service.

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

- People's independence was promoted and respected and the staff were able to deliver a care and support that was person centred. One person said, "The staff and managers support us well."
- People, relatives and staff said the management were approachable and supportive. A staff member said, "[The registered manager] is brilliant. We are a really good team."

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

- There were positive examples of people expressing their views and being involved in the running of the service. One person said, "Everyone does their bit here. When someone new comes in, they are welcomed by everyone else. We all do a bit of the housework and decide who does what."
- People took part in monthly meetings amongst themselves that was chaired by a member of staff and discussed health and safety and any issues they wanted to raise. They also talked about the importance of people following the service's procedures when they went outside the home independently. For example, making sure they notified staff and had logged what time they left and what time they returned. This helped to maintain the safety of people in the home.
- There were regular staff meetings held. Staff were able to communicate with each other and keep informed about all aspects of their work, as well as contribute to the running of the service.
- Staff demonstrated an understanding of what was expected of them. They were aware of their responsibilities and staff felt comfortable to raise their views or feedback.

Working in partnership with others:

- The home worked in partnership with other agencies and professionals to improve outcomes for people, such as mental health practitioners.
- This ensured people could continue to safely live in their own home and were provided the support to do so.