D Roche (Holdings) Limited

Hartlands Rest Home

Inspection report

57 Salop Road
Oswestry
Shropshire
SY11 2RJ

Tel: 01691658088

Date of inspection visit:
07 December 2016

Date of publication:
13 January 2017

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

The inspection was carried out on 8 December 2016 and was unannounced.

Hartlands Rest Home is registered to provide accommodation with personal care for up to a maximum of 21 people. There were 17 people living at the home on the day of our inspection. Some people were living with dementia.

There was a manager in post who was present during our inspection. The manager was in the process of applying to become registered manager for the service. 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.

People felt safe and secure living at the home and with the support provided by staff. People were supported by staff who were knowledgeable about the different signs of abuse and knew how to report concerns.

Risks associated with people's needs had been assessed and plans put in place to minimise them. Staff knew how to deal with accidents or incidents and these were overseen by the registered manager who took appropriate action to reduce the risk of reoccurrence.

There was enough staff to meet people's needs in a safe and timely manner. The provider completed checks to ensure that new staff were suitable to work with people before they started work in the home.

People received support to take their medicines safely and accurate records were maintained. People were supported to see health care professionals as required. Staff followed guidance provided by health professionals to promote people's health and wellbeing.

People and their relatives told us they were happy with the choice and quality of food available to them. Regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration.

People and their relatives were confident that staff had the skills and knowledge to meet their individual needs. Staff felt well supported and received training that was relevant to their role and to further their development.

Staff sought people's consent before supporting them. Staff provided information to people in a way they could understand to enable them to be involved in decisions about their care and treatment. Where people were unable to make certain decisions for themselves these were made in their best interest to protect their rights.

Staff treated people with kindness and consideration. People were offered choice and felt listened to. Staff promoted people's dignity and independence. Staff spoke with and about people with respect.

People received support that was tailored to their individual needs and preferences. Staff knew people well and were able to recognise and respond appropriately to changes in their needs.

People were able to spend their time as they wished and had access to activities suited to their interest and ability. People were supported to keep in contact with people who were important to them

People and their relatives felt able to talk to staff or management if they had any concerns or complaints and were confident that these would be dealt with promptly.

There was a warm and friendly atmosphere at the home. People and staff found the manager approachable and easy to talk to. Staff were positive about their caring role and felt valued.

There was an open and inclusive culture at the home where people and staff were encouraged, and felt comfortable, to express their views. The manager carried out a range of checks to monitor the quality and safety of the service and used their findings to make necessary improvements.

.

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.

People were protected from harm by staff who knew how to recognise and report signs of abuse.

Staff were aware of the risks associated with people's needs and how to minimise them.

There were enough staff to meet people's needs safely.

People were supported to take their medicine safely to promote good health

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their individual needs.

Staff provided people with information in way they could understand to enable them to make decisions about their care.

Where people were unable to make decisions these were made in their best interest to protect their rights.

People had the choice of what to eat and drink and enjoyed the food.

People were supported to see health professionals as and when required

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff had formed effective working relationships with people and their relatives.

People and their relatives were involved in decisions about their care and felt listened.

Staff treated people with dignity and respect and supported them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received individualised care from staff that knew them well.

People were able to spend their times as they wished and were supported to do things they enjoyed doing.

Relatives were confident any concerns raised with the manager would be dealt with promptly. The provider had systems in place to address any concerns or complaints.

Is the service well-led?

Good

The service was well led.

The atmosphere at the home was warm and welcoming.

People, their relatives and staff found the manager was easy to talk to and listened to them.

There was an open and inclusive culture where staff and management worked together to deliver good quality care.

The manager had a range of checks in place to monitor the quality of the care and drive improvements in the service.

Hartlands Rest 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 8 December 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with four people who lived at their home. We spoke with two relatives on the day of our inspection and spoke to a further three relatives by telephone. We spoke with seven staff which included the registered and deputy manager, three care staff, the activity worker, the cook and a visiting hairdresser. We viewed two records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, accident reports and recruitment records. On the day of the inspection we spent time observing how staff supported people and how they interacted with them.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the home. Relatives were confident that their family members were looked after safely. One relative talked of the relief they felt because of the care their family member received at the home. They said, "I don't have to give a second thought as I know they are well looked after, clean and happy."

People were supported by staff who had received training and understood how to recognise and report signs of abuse. One staff member told us the training had made them more aware of the different types of abuse. As a result they were more observant and would not hesitate to report abuse or poor practice to the manager. Staff were confident that in the event of reporting concerns to the manager they would take action to protect the person from further harm. The manager had not had reason to raise any concerns but demonstrated they would follow procedures to ensure people were protected from harm and abuse.

Staff were aware of their responsibility to ensure people received safe care. In order to do this they told us they monitored the environment for hazards and kept up to date with people's care needs. As well as attending handover meetings, staff read the allocation book which told them about any changes. This book also prompted them to refer to changes in people's care plans and risk assessments to ensure they provided the required support and used equipment correctly. For example, We saw that one person was prescribed a soft diet to reduce the risk of choking. We saw that staff took time to explain to the person why this was. We saw that staff supported people in a safe and patient manner. For example, we observed staff supporting a person to get up out of their chair. Staff explained to the person that they needed to push themselves up using the arms of the chair. Staff were patient in their approach and gave the person praise when they achieved this for themselves. Later we saw another person being moved with lifting equipment. Staff provided reassurance throughout the procedure and ensured the person was comfortable during and after the transfer.

Staff we spoke with demonstrated that they would take appropriate action in the event of an accident. One staff member told us they would ensure the person was comfortable and call another staff member to assist. They would complete the accident forms and the senior or manager would inform the family. The manager showed us they had systems in place to monitor accidents and incidents. They analysed the frequency and trends of falls or behaviours and sought support from the relevant health care professionals as and when required. The manager had attended a falls assessment course and had introduced a falls management plan. This prompted staff to look in detail at the possible causes of falls and preventative action required to reduce reoccurrence. We saw that one person had recently been referred to the physiotherapist for advice on their mobility aids.

The manager told us there had been staffing difficulties at the home and they were actively recruiting. In the meantime they were using agency staff to cover the vacant posts and did not intend to admit any further people until these posts were filled. They used the same agency to provide continuity of support for people living at the home. This had worked well as the majority of agency staff worked at the home on a regular basis and had got to know people well. This was confirmed by care staff who told us that agency staff were

consistent in their approach.

Staff told us that the provider completed checks prior to them starting work at the home to ensure they were suitable for their roles. These included references from previous employers and Disclosure and Barring Service (DBS) Checks. DBS supports employers to make safer recruitment decisions. Records we looked at confirmed this

People received support to take their medicine as prescribed. We observed that medicine was given in a patient and dignified manner and that people were given a drink to take them with. We found that staff monitored the effectiveness of people's medicine and sought medical advice where necessary. For example, it was felt that it would be more beneficial for one person to have a certain medicine in the morning rather than at night. The staff contacted the GP and this was duly arranged and appropriately recorded. We saw where people required support to take medicine as required that there were clear processes in place to support them.

Only staff who had received training in the safe administration of medicine did so. Staff told us and we saw that medicine competency checks were completed on a yearly basis to ensure that medicine was managed safely. We found that medicines were stored securely and there were safe systems in place for the ordering and disposal of medicines

Good

Is the service effective?

Our findings

People and their relatives felt staff and management had the necessary skills and competencies to meet people's individual needs. One person said, "[Staff member] who works here is very good." A relative said, "I would give this place nine out of ten", they went on to tell us the quality of care had greatly improved since the new manager had been in post. Another relative said, "[family member] has good care." They went on to tell they thought staff were well trained and knew how to meet their family member's needs.

Staff told us they had regular one to one meetings where they were able to discuss and receive feedback on their practice and development needs. They were able to access training relevant to their role and to further their career. For example, one staff member said the manager asked them what they wanted to do in the future and looked at training required to enable them to achieve their aims. Another staff member told us the manager was, "red hot" on checking their training needs. Staff told us that the training provided gave them confidence to fulfil their roles. The manager told us they had conducted one to one meetings with each member of staff since they had been in post. This enabled them to develop an action plan which looked at staff goals and gaps in their training and knowledge. They had secured a training package from an independent provider to facilitate staff's training requirements. This meant that people received support from a staff who had the necessary skills and knowledge to meet their needs.

New staff received a structured induction into the roles which included essential training such as, fire training and health and safety. Staff told us they worked alongside experienced staff until they got to know people's needs and how they liked to be supported. The manager told us staff were only able to start supporting people alone when they were competent and confident to do so. All new staff had the opportunity to do the care certificate. The care certificate is a nationally recognised award that trains staff to the standards of care required of them.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that the manager and senior staff has a good understanding of the legislation in regards to MCA and DoLS. The manager had a clear system in place to monitor when a DoLS application was required and when any DoLS authorisations needed to be reviewed. Where people were unable to make certain decisions for themselves we saw that these were made in their best interest. This ensured that the principles of the MCA were followed and people's rights were protected.

Staff told us they always asked people's consent before supporting them. They explained things to people in a way they could understand to allow them to make decisions for themselves. For example, if people were hard of hearing they ensured they were facing them when they talked with them or wrote things down on a piece of paper. If they were unable to speak with people they would observe their body language and facial expression to establish their wishes. If people refused support they respected their choice and went back later.

People were complimentary about the choice and quality of food provided. One person said, "It's very good I can't complain. We have choice; it is better that way as there is no waste." Another person told us, "The food is lovely." Lunch was a sociable event were people chatted with each other and staff. We saw that people were provided with discreet support to cut up their food where necessary. Staff offered people choice, and checked with people that they were enjoying their food. One person could not eat all their food and was worried about wasting it. A staff member provided reassurance and offered to label it and keep it until later for them. Another person requested an extra portion and this was provided. Relatives we spoke with were satisfied that their family members were provided a balanced diet. One relative told us, "[Family member] eats really well." Another relative told us how their family member was always talking about how good the food was and often had "seconds".

People's nutritional needs were routinely assessed and their nutritional intake was monitored in line with their assessed level of risk. Staff told us they monitored what people ate and drank and people were weighed by senior staff at the required intervals. Records we looked at confirmed this and we saw that referrals were made to the GP, dietician and speech and language therapist as needed. Staff demonstrated that they followed the advice given.

The cook told us they were made aware of people's dietary needs when they moved in and following any changes in their health needs. They were aware of people's likes and dislikes and if people did not like what was on the menu they would prepare an alternative for them. They and the manager explained that they planned to review the menu in the New Year in consultation with people and their relatives.

Relatives we spoke with told us that staff monitored and responded to changes in people's health needs and sought medical attention as and when required. One relative told us they spoke with the manager about food that affected their family member's health condition. They had taken immediate action to ensure that this was acted upon. They said, "[Manager] was straight on it." People's care records demonstrated that staff referred people to relevant health professionals such as the district nurse and physiotherapist as and when required. Outcomes of visits were recorded so that all staff had clear information on how to meet people's health care needs.

Good

Is the service caring?

Our findings

People and their relatives felt staff treated them with kindness and compassion. One person said, "The staff are nice." Another person told us that staff were attentive to their needs and made sure they were well looked after. A relative told us, "They [staff] are brilliant with [family member]." We've never seen anyone be anything but polite with them." Another relative said, "Nothing is too much trouble for them [staff], they are very patient." We saw a thank you letter from the relatives of someone who used to live at the home it read, "Thanks to all the staff for all the excellent care and consideration given to [family member]." Staff we spoke with felt proud to work at the home. A staff member told us, "All staff are friendly. It's a friendly place to work. It has a homely feel to it." One staff member explained that one of their relatives had lived in another care home. They said, "I wish I had known this was here. That says a lot when you would be prepared to put your own family here."

People and staff enjoyed positive relationships with each other. One relative told us, "They [staff] are very good to [family member] and they relate to them. They have a laugh together." This was confirmed by the hairdresser who visited on a regular basis. They told us, "The staff are nice with them [people]. They give them time which is what they want." They went on to tell us they felt the staff were "marvellous". Throughout the day we saw that staff stopped to chat with people, there was a warm and welcoming atmosphere that was enjoyed by people and their visitors. A relative said, "We feel very welcome they [staff] always offer us a cup of tea or coffee or whatever else is going. Another relative who said, "We are made to feel welcome. We have a laugh and joke. They [staff] are very good to relatives that visit." People were supported to keep in contact with friends and relatives who were important to them. One relative told us they telephoned their family member on a daily basis.

People were encouraged to make their own decisions. We saw that staff took time to explain things to people and ensured that they were happy to be assisted. Staff were patient in their approach and interacted well with people. Relatives told us they were involved in decisions and were kept informed. One relative said, "They [staff] involve [family member] with everything." They went on to say they always had a talk with staff each time they visited and were kept informed of any changes.

Staff were aware of people's communication needs and the support they needed to make their own decisions. One staff member told us they were mindful that some people became confused or frustrated if they gave them too many options to consider. They therefore offered them a choice of two options. Throughout our visit we saw staff offering people choices such as what they wanted to eat and drink or whether they wanted to take part in activities.

Relatives we spoke with told us staff treated people with dignity and respect. One relative said, "They [staff] are very respectful towards [family member]. They seem to have general respect for everyone." Another relative told us, "[Family member] is always nicely dressed and I always ask if there is anything they need." We asked staff how they upheld people's dignity. One staff member told us, "I always treat them as I would treat my own mum and dad." Another staff member told us they ensured that people were covered up as much as possible when providing personal care. Staff placed an emphasis on maintaining people's

independence and self-esteem. They therefore encouraged people to do as much as they could for themselves. We observed that staff spoke with and about people with respect and genuine warmth.

Good

Is the service responsive?

Our findings

People who wished to move into the home had their needs assessed prior to moving in to ensure that their needs and expectations could be met at the home. Care plans were subsequently reviewed on a monthly basis or as people's needs changed. The manager and deputy manager told us they involved people as much as they were able and, where appropriate, they invited their relatives to contribute. This was confirmed by a relative we spoke with who told us staff sat and talked with both them and their family member, and asked them what they liked and how they liked things to be done. They were subsequently kept up to date about changes that occurred. They said, "We have an understanding with the manager, we get together and talk about things."

The manager intended for people's keyworkers to take an active part in reviewing people's needs and wishes in the future. In preparation they were reviewing everyone's care plans to ensure they were up to date, reflected people's needs and were of the required standard to support person centred care. Care plans we looked at were tailored to people's individual needs and wishes. We saw that the care plans reflected people's needs and the support provided by staff. Relatives felt that staff knew people well and were able to recognise and adapt to changes in their needs. One relative told us, "I think they know [family member] as well as can be. They talk to them one to one and know about their war stories." Another relative said that staff recognised and treated people as individuals.

Staff told us they got to know people and how they liked things done by reading their care plans and by talking with them and their relatives. One staff member said, "It's nice to get to know them and their little ways." Staff kept each other informed about any changes in people's needs, or any concerns about their health and wellbeing during staff handovers. They also had an 'allocation book' that noted key points about people's care needs and any changes. We observed a staff handover during our visit and heard relevant information being exchanged and discussion had about individual people.

People told us and we saw that they were able to spend their time as they wished. We observed people chatting with each other, staff and visitors at the home. People also had access to a range of activities. A relative we spoke with told us, "I'm very pleased with activities offered. We have been invited for a Christmas lunch and have been to bingo and event nights at the home." Another relative told us their family member did not like taking part in activities. They said their wishes were respected but they were invited to watch the others if they wanted to.

A new activities worker had started to work at the home in recent weeks after the post had been vacant for several months. They told us they were getting to know people and had started to complete 'life history' and activity assessments with people and their relatives. They recognised that some people found it difficult to take part in some activities and that this could cause them stress. They were therefore mindful of people's individual capabilities when planning activities to ensure that they had an enjoyable experience.

A Christmas party was held during the afternoon of our visit. We saw that people enjoyed live entertainment. There was lots of singing, smiles and laughter. One person said about the party, "It was very good actually."

Another person said, "I enjoyed it, [entertainer] was a good one, a nice player." We saw that the entertainment was followed by a Christmas buffet which people told us they enjoyed.

A copy of the provider's complaint process was displayed at the home. Relatives said they would be happy to talk to the manager if they had any concerns and were confident they would address any issues. One relative told us that they had raised concerns about their family member's clothes going missing and that this was dealt with straight away. They said, "[Manager] was on it straight away. If I don't tell them they can't put it right." The manager had not received any formal complaints but demonstrated they would follow the provider's complaint process should the need arise. They had listened to people's concerns about the laundry and made changes to how the laundry operated to prevent re occurrence.

Good

Is the service well-led?

Our findings

People, staff and relatives we spoke with were consistently positive about the manager, the provider and how the service was run. One relative described the manager as 'marvellous'. They found they took the time to talk with their family member and them. They said, "[Manager] comes to you, they have a lovely approach and listen to what you say." Another staff member told us, "As a team we all get on." Relatives praised the manager and staff for the way in which they kept them informed. One relative told us, "The manager is very accommodating. Very good at communicating." Another relative told us if they contacted the home staff would always call them back when they said they would.

People were involved in the running of the home and their views were valued. For example, we saw that people had chosen personalised name plates for their bedroom doors. Relatives told us they were asked their opinions at meetings held at the home and through surveys that were sent to them. The provider produced a newsletter which kept people and relatives informed of any developments. We saw that the latest newsletter included details about the planned refurbishment, staff changes as well as reminders to ensure that visitors signed in to comply with fire safety procedures. The newsletter also invited people and their relatives to give their views on the quality and development of the service via social media sites. The provider used the feedback to make improvements where required.

The manager started working at the service at the beginning of October 2016. They told us that they had identified a number of areas that required improvement. They showed us that they had developed an action plan of work that was required. Good progress had been made which included, refurbishment of the kitchen, a new boiler and bathroom. In addition to this work was underway to make the environment more dementia friendly. For example, people's bedroom doors had been painted in primary colours to help them orientate themselves in their surroundings. The manager had found the provider very receptive to the changes that were required and had committed the required resources. The manager showed us the weekly summary report they completed and shared with the provider. This showed us what actions had been completed and which were outstanding.

Staff we spoke with were clear about the manager's aims for the service. One staff member told us, "The manager makes clear what they want for people, such as, a safe home where they get looked after and good team work where we help each other." Another staff member told us the manager wanted to achieve a sense of home rather than an institutional culture for people and that they were keen for people to be a part of the community.

There was a positive working culture where staff views were encouraged and valued. Staff told us they had regular staff meetings where they were asked for, and could put forward, their views. One staff member said about the manager, "They are good at listening to ideas." Another staff member said, "The manager asks us if we have any suggestions." There was a real sense of team work at the home. One staff member said, "All the staff get on. I think there is a great positive vibe." Another staff member told us, "As a team we all get on."

The manager had an open and inclusive approach. They told us they worked with staff to ensure that they

were clear about their roles and responsibilities and the standards of care required of them. The manager felt it was important to work with staff to build a strong team and provide effective care. Staff told us they felt supported in their roles by the manager and the provider. One staff member said, "[manager] will show you the proper way and guide you. They [manager] will explain why it is important to do things the way they show you." They went on to tell us that since the manager had been in post they had learnt new skills and found the changes at the home were for the better. Another staff member told us the manager was very approachable and they were never afraid to go and ask their advice. They found the manager to be very knowledgeable and this had helped them a lot. They said, "[manager] knows how and when to tell you information which I think is quite a skill." We observed that the manager led by example, they were seen to provide support to people in a kind and dignified manner.

The manager was keen to forge links with the local community. A vicar attended the home on a monthly basis. They were exploring an initiative with the local school where they hoped that pupils would facilitate reading groups at the home. The provider had joined a local transport scheme and intended to use them for trips out and to attend medical appointments. Some people had recently visited the dementia café in the town and they hoped to visit this resource on a regular basis.

The manager told us they kept abreast of best practice and changes in legislation through membership of a local training resource. They also accessed the Skills for Care and Care Quality Commission (CQC) website. The provider was also a member of an organisation that provided advice and completed audits on health and safety requirements in the home. In addition to this they received professional journals for staff to access.

The provider had a range of both internal and external audits in place to monitor the quality and safety of the service. For example, as well as medicine checks carried out by the manager and deputy manager, the pharmacy completed audits to monitor the standards and practice around safe management of medicines. The pharmacist also provided them with updates on any medical alerts and changes in legislation relating to medicine administration and storage.

There was a clear management structure in place. The manager told us they were supported by the provider and two deputy managers. A senior member of staff was allocated to each shift. The provider lived locally and visited the home most days to provide support and monitor the running of the home. This was confirmed by a staff member who said, "The provider pops in each day and asks if there is anything we need."

The manager told us they monitored staff practice by working alongside them and observing their practice. They worked a range of shifts to ensure people received consistent good care. The manager told us that the provider also completed visits at different times throughout the day and night to monitor staff practice. The manager intended to develop staff skills to enable them to play an active part in reviewing and updating care plans. They therefore had started auditing care records with keyworkers so that they are aware of the standards and what was expected of them.

The provider had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.