

Hart Care Essex Ltd

Hart View

Inspection report

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Essex
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Tel: 01702433330

Date of inspection visit:
11 September 2019

Date of publication:
21 October 2019

Ratings

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

Overall summary

About the service

Hart View is a care home, providing accommodation and support for up to eight people with mental health issues. There were six people living at the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe at the service. Risk plans were in place specifically to support people's well-being and safety. We observed people were relaxed in the company of staff. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. People were encouraged to manage their own medicines where appropriate. Recruitment practices made sure appropriate checks were carried out before staff started working at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat and drink enough to maintain a balanced diet and were able to access other health care services when needed.

Staff were caring and worked with people to encourage their independence. Staff respected people and encouraged them to be involved in activities that interested them.

The provider had a complaints process in place. People knew how to make a complaint about an aspect of their care if they were unhappy about the support they received. The senior team and staff regularly worked with other professionals to ensure the best outcomes for people living in the home.

The provider had appointed a new manager and people and staff told us initial impressions were positive. Quality assurance systems were in place to monitor the running of the service and actions were addressed quickly to resolve any issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 12 July 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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.

Hart View

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.

Hart View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the manager registered with the Care Quality Commission had left the service. However, a new manager had been appointed and will be applying for registration.

A registered manager 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the manager and deputy manager. We spoke with the regional manager by telephone.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff followed the safeguarding process to ensure all allegations of abuse were managed in a safe way.
- People told us they felt safe living in the service. One person said, "Staff are kind, professional and keep everyone safe."

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed.
- Individual risks to people had been assessed and management plans were put in place to minimise the risk of harm. For example, risks, in relation to people's behavioural or emotional needs were identified and assessed and there was guidance for staff.
- Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe. A staff member told us, "We receive a detailed profile before people come here and we look at risk assessments in care plans."
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced.

Staffing and recruitment

- People confirmed staff were available and flexible enough to support people when needed.
- Staff told us there was enough availability to provide support in a timely way. One staff member told us, "Two staff are enough, managers are here during the day as well. On call always answer the phone and 99 percent of the time it is very calm here."
- The management team followed safe recruitment procedures. This ensured staff were suitable to work with vulnerable adults.

Using medicines safely

- People were assessed to establish whether they were able to manage their medicines independently. Those who were able managed this task independently and staff encouraged this where possible.
- People's medicines were managed and stored safely. Audits of records and stock were carried out monthly by the deputy manager. No concerns had been identified.
- The provider ensured staff were appropriately trained in medicine management. Staff had an assessment of their competency to safely support people in the administration of medicines.

Preventing and controlling infection

- The service was clean. Staff encouraged people to promote a clean and tidy environment to reduce the

potential spread of infections. They assisted each person to develop an understanding of and improve their skills in preparation for moving to independent living.

- A complete refurbishment of the service had recently taken place, which included redecoration, replacement flooring and new fixtures and fittings.

Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them. The new manager had begun debriefing sessions for staff following any incidents. Staff told us they found this very helpful. One staff member said, "There has been more support at the moment, and a better follow up now. The new manager seems very hot on debriefing. I was recently involved in one and was very happy about that."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in and contributed to their assessments and made choices about how they wanted to receive their care. One person told us, "I received a lot of help when I came here but now staff have stepped back as I am very independent."
- Staff understood people's individual needs and whether the service was able to meet the people's care, treatment and support needs.

Staff support: induction, training, skills and experience

- Staff had an induction programme that enabled them to become familiar with the service and to shadow experienced staff.
- Staff had regular supervision and appraisal meetings. These gave staff the opportunity to reflect on their practice and job performance.
- Regular training, was delivered and refreshed when this was needed. Staff felt they had enough training but could ask for more if this was needed. One staff member said, "Training is face to face. I learn better this way." Another staff member told us, "The training has always been okay. We are always offered training, and they are willing to book any other training if we need it."
- Staff were provided with additional training, designed to meet people's specific needs. One person said, "When I first came here staff had not seen my specific illness, but they did training on this and listened to me."

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

- Most people that used the service did their own food shopping and cooked their own food. One person told us, "I do my own cooking. I go shopping myself at [named supermarket], the staff do a nice dinner on Sunday's." Another person said, "I make my own food. The staff prompt me, and support me with cooking."
- People's nutritional needs were assessed and documented. Risks were described, and steps taken to avoid them, for example, how to encourage people to eat when they were at risk of self-neglect.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by health and social care professionals when this was required.
- People's mental health and physical health needs were assessed on a regular basis and any changes were updated in people's care records.
- Staff followed health and social care professionals' recommendations so people's health and wellbeing were maintained. One person said, "When someone is incredibly unwell here, they have been fantastic."

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

- At the time of our inspection, the service had recently been renovated. The manager told us this was in preparation for a change to the service as consultations had begun with people and local authorities to eventually change the service to a supported living service.
- On the day of our visit people had to get up early due to an issue with the building. People told us the reasons for this had been explained to them. The staff made people a cooked breakfast to make up for the inconvenience.

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.

- At the time of our inspection, people living at Hart View made their own decisions. People went out independently and consented to any care or treatment. Staff signposted people to other services if they were required.
- Care planning focused on assisting individuals to develop and maintain their independence.
- Staff understood the principles of the Mental Capacity Act (2005) and understood it was not right to make choices for people when they could make choices for themselves. One staff member told us, "Everyone has capacity to make their own decisions here."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well supported by the staff and the management team. One person said, "The house team are fantastic, I owe them my life." Another person told us, "Staff are really kind."
- Staff knew people's support needs well. They talked to us in a kind way about people that showed staff understood people's individual needs. For example, one staff member told us, "[Person] likes music, you have to know how to ask them. If they think you are busy they will say no, if you reassure them you have time they will interact."

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

- Meetings were held with people living in the service where they could put forward their opinions on aspects of the service. One of the people living at the service wrote the minutes for the house meetings. The minutes recorded one person would like to hold a coffee morning to raise funds for a charity and this was being planned.
- People told us they were involved in their own care decisions. One person told us, "I know what is in my care plan, I have a review every month and they update it every month."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible. We saw people going out into their local community and returning home.
- Staff and people interacted in highly respectful and caring relationships. One person said, "I am alright here actually, it's not too bad."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People's individual needs had been assessed and care plans developed to meet those needs.
- Staff were knowledgeable about each person's needs. They communicated effectively with each other about people's progress.
- Handover meetings were used to share information. For example, they discussed one person's recent medicine changes and how this was working.
- People told us they chose what to do with their lives, and that staff listened to them when they said what they wanted to do. One person told us, "I can go out and about when I want. [Named activity organiser] comes in Tuesday and Fridays." Another person said, "We go out on events, staff work hard to get people involved."
- Whilst people were able to go out independently an activity worker came in two days a week to organise specific events and activities for people to do if they wanted. A staff member said, "Some people do not want to do anything, but others go out to do stuff like golf or visit museums. We try to do an event of the month like afternoon tea. Other people go shopping or meet up with friends, voluntary work and one person goes to work."
- People were supported by staff to maintain the relationships people wanted. A person told us they received regular visits from friends.

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 was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. People were provided with details of how to make a complaint if they were not satisfied about the care, support and treatment received.
- Some people were concerned about the proposed changes to the service and how it may affect them personally. The manager told us individual meetings had been planned with people's wider care teams and these were underway.

End of life care and support

- At the time of the inspection, no was receiving end of life care.
- If someone required end of life care, the manager would work with the relevant external professionals to see if they were able to meet such needs and request support accordingly. People's personal beliefs and their religious and cultural preferences had been recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People lived in a service which had a positive culture. There was a clear vision for the service that was person-centred while providing care, support, and treatment to people to help them to manage their mental health needs and remain well.
- People were happy with the service. However, some had questions about the proposed changes in respect of the service changing to a supportive living facility. Whilst the service had communicated their plans to staff and people that used the service, some multidisciplinary meetings although planned had not yet happened. The manager told us they were pushing for these meetings to be held quickly with people's wider care teams involved.
- Staff told us a meeting for them had been planned for the following day and they were confident any questions they had would be answered by the management team. One staff member said, "We still have some questions, but you can tell [manager] knows their stuff and will listen to us. It is good we are having a meeting as we want to be clear about any questions people might ask us." Another staff member said, "A lot of changes have happened since change of provider and staff have some questions for the manager. The managers are supportive, and the new manager is very knowledgeable. It feels more secure being part of larger organisation."
- People's individual needs and abilities were respected by staff who treated people equally.
- Staff spoke positively about working in the service. They commented, "It is a nice place to work, I feel supported by my team, I am supported by all the staff" and, "Really lovely place to work, the staff team are really lovely and the relationships between staff and residents are excellent."

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

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

regulatory requirements

- The manager had been newly appointed at the time of our visit and was in the process of completing their application to register with CQC. An experienced deputy and regional manager offered support to the manager. The manager and deputy were clear about their roles and responsibilities in ensuring people received the service they needed and wanted.
- We spoke with the regional manager about the proposed changes to the service and reasons for this. They explained the service was committed to supporting people to move towards living independently and the proposed changes would further support people with this.
- Management carried out regular quality checks of the service and covered checks of the environment, medicines and other areas of the service. Records showed action had been taken to address any shortfalls found.
- Learning was shared with staff to prevent reoccurrence and staff were positive about the introduction of debrief sessions following any incidents.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with health and social care professionals to improve outcomes for people. In a survey sent to professionals one stated. "I like this provider as they will not stand in the way of progress and encourage clients that leaving their home is a sign of strength."
- People were encouraged to give their views on the service. One to one meetings and satisfaction surveys were offered for people to engage in, so they could give their feedback on the quality of the service.
- The manager whilst new to the service was not new to social care services and made sure people and staff had all available community service contact details readily available.
- The provider had delivered additional training to staff in preparation for proposed changes to the service.