Hartford Care (4) Limited

Hartford Court

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

This was an unannounced inspection which took place on 15 February 2018.

Hartford Court is a care home (without nursing). People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Hartford Court can accommodate up to 60 older people in a spacious, specially designed, purpose built building which provided accommodation across two floors. Each floor could accommodate 30 people. On the day of the inspection visit 42 people were resident in the home. Some people were living with other associated conditions such as dementia and physical and sensory difficulties.

At the last inspection, on 21 April 2017 the service was rated as requires improvement in three domains, safe, responsive and well-led. It was rated as good in effective and caring. It was consequently rated as overall requires improvement.

There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements to the areas we identified as requiring attention. It was intended that any improvements made should be to at least a good rating.

We received a provider action plan on 22 June 2017 to tell us how they would meet the relevant legal requirements. That is; to demonstrate person centred care, reduce risks to people, to administer medicines safely and ensure people received a good level of care.

They told us they would complete these actions in July and August of 2017. We found that these actions had been completed.
At this inspection we found the service was rated as good in all domains and therefore overall good.
Why the service is rated good.

There is a registered manager running 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, staff and visitors were protected from harm and the service was as safe as possible. The staff team were trained to maintain and promote people's health, well-being and safety.

People were protected by staff who understood how to keep them safe and knew what action to take if they identified any concerns. They made sure that people were not subjected to any poor practice or abuse.

The service identified general risks and risks to individuals and appropriate action was taken to reduce them, as far as possible.

People benefitted from adequate staffing ratios which ensured there were enough staff on duty to meet people's diverse individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff. Individuals were encouraged to take some responsibility for their own medicines, as was safe and appropriate.

People were appropriately cared for by trained staff who were supported to make sure they could meet people's varied and sometimes complex needs. Staff dealt effectively with people's current and changing health needs. They worked closely with health and other professionals to ensure people received the best care possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The whole management team with support from the provider had worked towards improving the quality of care and outcomes for people. People were supported by a caring and committed staff team who demonstrated interest and passion in their work. They met people's needs with patience, kindness and compassion.

The service was person-centred and responded to people's needs and preferences. Activity programmes were designed to meet people's needs and interests. The computerised care planning system was detailed and individualised and further enhancements were planned. Care plans were regularly reviewed which ensured people's needs were met and their equality and diversity was respected.

The registered manager was highly thought of and ensured the service was well-led. Staff and families of people who used the service described the registered manager and the management team as open, approachable and supportive. The management and staff teams ensured they adhered to the values of the provider and there was no discrimination relating to staff or people in the service. The quality of care the service provided was assessed, reviewed and improved upon where appropriate.

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.

Appropriate individual risk assessments were in place for people, these were reviewed regularly and updated when changes occurred.

A review of the arrangements for medicine management had resulted in improvements to record keeping, administration and stock control.

Is the service effective?

Good

The service remains good

People were supported by staff who had received relevant training and updates to enable them to meet their needs. Staff were now meeting regularly with each other for support and to discuss any concerns.

People's right to make decisions about their care was upheld by staff who understood their responsibilities in relation to gaining consent and mental capacity.

People were supported to be healthy and have enough to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good

The service remains good

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain their independence as far as possible.

People's privacy and dignity were maintained and they were involved in their care. Regular staff knew people's individual needs and preferences well.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and contained appropriate information for staff to provide care in line with their needs and preferences.

Is the service well-led?

Good

The service was well-led.

Records were accurate, reviewed regularly and provided current information.

There was an open and empowering culture in the service. Staff felt supported by the registered manager and the management team. The registered manager and management team were experienced and skilled and they led by example.

The quality of the service was monitored and the registered manager and provider sought to improve and develop the service.

Hartford Court

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.

The inspection was unannounced and took place on 15 February 2018.The inspection was completed by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. This information was used to help us plan the inspection.

We looked at paperwork for six people who live in the service. This included support plans, daily notes and other documentation, such as medication and financial records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, training records and ten staff and recruitment records.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with eleven people who live in the service, seven staff members, the registered manager, deputy manager and quality support manager. We spoke with a healthcare professional who was visiting the home and requested information from a further five professionals including the local safeguarding team. We received responses from two of them. We spoke with five family members and friends of people and

received written comments from two.

Good

Is the service safe?

Our findings

People were given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested six monthly. At the last inspection in April 2017 the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to Safe Care and Treatment. Medication management was not safe for all people. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

The service used a monitored dosage system which meant that the pharmacy prepared each dose of medicine (if it was suitable to be pre-packed) and sealed it into packs. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when only needed. Only staff who were trained and competency tested were able to give medicines. The pharmacy conducted regular audits of the medicine administration system and at the last audit on 23/10/2017 the system in place was found to be safe with only minor recommendations made. There had been two medicine errors since the last inspection and the quality support manager had identified some issues in the last month. We found two recording omissions on the day of the inspection. The service rectified the omissions immediately. In addition, the registered manager was dealing with the issues that had been identified during the provider audit with the staff team. The omissions and issues identified had had no impact on people who use the service who were receiving their medicines in the right quantities at the correct times, as prescribed by their GP.

People's safety was contributed to by individual risk assessments and management plans. At the last inspection in April 2017 the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to Safe Care and Treatment. People's individual risks had not been identified and there were no plans in place to reduce potential risks. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

The service had identified risks to individuals. Risk management plans were incorporated into plans of care to ensure staff knew how to minimise the risks to people and deliver care as safely as possible. Risk assessments included mobility, skin integrity, nutritional intake and helping people to manage relationships with others. Falls risk assessments were completed for individuals. The service had a high number of falls. However these were recorded, analysed and action was taken to try to minimise the risk to individuals and reduce the number of falls. We saw that actions such as appropriate referrals and the provision of appropriate equipment was taken.

Accidents and incidents were reported, recorded and investigated. Actions were taken when necessary and lessons learnt were shared with the staff team during handovers and staff meetings. All accidents and incidents were monitored for trends so that further action could be taken to reduce risks.

People, staff and visitors to the service were kept as safe from harm as possible. Health and safety training

was provided regularly. Maintenance and safety checks were completed at the required intervals. There was a robust fire safety policy and procedure and a fire log book which recorded fire maintenance checks and drills which were completed regularly and were up-to-date.

Generic health and safety safe working practice risk assessments were completed and included legionella, laundry, falls from heights and weather conditions. Routine maintenance was carried out by a maintenance team employed at the service. Staff told us requests for work were attended to promptly. The provider engaged professional contractors for more extensive work as well as the monitoring of specialist equipment and systems.
People were protected, as far as possible, from any form of abuse. Staff received safeguarding training and were able to describe how they would respond to any safeguarding issues. They were knowledgeable about the signs that may indicate abuse and gave examples of what would concern them. These included people becoming withdrawn or changes in their demeanour as well as bruising or other physical signs. They knew who they would report concerns to and were confident any report of concern would be taken seriously and acted on. Where safeguarding concerns had been raised they had been managed appropriately and reported to the relevant authorities including the Care Quality Commission. The provider had a whistleblowing policy and staff were familiar with this and told us they would not hesitate to use it if necessary.

Staff told us, "Yes people are very safe here. We all know what to do and would approach senior staff if not sure of something". People and their families and friends told us they felt safe in the home. One person said, "I love living here and feel very safe." Another said, "Yes of course I'm very safe." Families commented, "My [relative] is very safe, I have never seen anything that causes me concern." Another said, "[Relative] is safe and well treated I have never seen anything like poor practice, in fact it's the opposite." Professionals told us, "They are excellent at identifying risks and will seek professional help appropriately." And, "Everyone is treated with the fullest of respect and dignity and I have witnessed that safety is of the greatest importance." Whilst another reported, "During my working days I have witnessed a high standard of health and safety and respect by all staff."
The service did not support people who had anxious, agitated and distressed behaviours. However, if people developed such issues the service sought the support of specialist services and developed behaviour plans and risk assessments. They recognised when they were unable to meet people's needs safely. The service did not use physical interventions or formal 'challenging behaviour' techniques. Staff described using distraction techniques as an effective way of diverting people from behaviours that challenged them or the service.

People's assessed needs were met safely by adequate staffing ratios. The registered manager told us there were a minimum of seven care staff during the morning (8am until 2pm), six care staff during the afternoon shift and five waking night staff. Some staff told us that they could become stretched when colleagues called in sick at short notice. Two staff had done so on the day of the inspection. Staff confirmed that both the registered manager and the deputy manager would assist with personal care duties until such time as other arrangements were in place. We noted that a care worker had agreed to work when not rostered to do so in order to assist colleagues. Care staff were supported by ancillary, administration and management staff during the day amounting to 10 staff with an additional two activity co-ordinators. There was an on-call system when management were not available in the service which staff described as responsive.

The service had a robust recruitment procedure and checked the safety and suitability of staff prior to their employment. Ten recruitment records were seen. Application forms were completed and contained all the necessary information. One lacked employment history prior to 2004 and one did not give enough detail about when they started and left employment. However, the registered manager undertook to rectify these

omissions immediately. This was confirmed in writing following the inspection visit. The service requested four references, two professional and two personal and validated any, as necessary. Additionally they explored any poor comments or unsatisfactory reasons for leaving other care employment and recorded the explanations. People were not appointed prior to the completion of a police check and the receipt of references.

Good

Is the service effective?

Our findings

People's individual identified needs were met by an effective staff team.
People were supported to meet their health care and welfare needs. Care plans included all aspects of healthcare and well–being needs. Referrals were made to other health and social care professionals such as the G.P, specialist nurses, commissioners and community mental health teams, as necessary. Professionals told us, "Any health issues are dealt with straight away for example I have clients needing medicated shampoo for their scalps (and) are always dealt with straight away." A healthcare professional reported, "I have always witnessed that all health needs were addressed in a timely manner."

People told us they could ask to see a doctor or nurse if they wished to or felt unwell. Family members told us that their relations' health was looked after very well and they were kept informed if people had any health issues. The registered manager told us that there were regular GP surgeries which were held at the home in addition to specific requests for a doctor's attendance for individual health issues.

People were supported by the registered manager and staff team who understood the issues of mental capacity and consent and had a clear understanding of their role in protecting people's rights to make decisions. Staff spoke of ensuring people were given explanations to help them make decisions and providing enough time. They told us if people refused support they would leave them for a while before trying again. We saw people being encouraged to make their own choices. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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 people of their liberty were being met. The service made appropriate applications for DoLS and held best interests meetings as necessary.

People were assisted to eat and drink enough to keep them as healthy as possible. Any specific needs or risks related to nutrition or eating and drinking were included in care plans and support was sought from relevant professionals. People were encouraged to be involved in choosing foods and to comment on the food they were provided with. We noted at lunch time in one of the dining rooms that one person had chosen a glass of white wine whilst another had red. There was also a range of juices that people could choose from. Small kitchens were available where people could make cups of tea and snacks, with or without staff support. Night time snacks were left in fridges in the small kitchens so that people could help themselves, if they were hungry. Meal times were flexible, for example breakfast was available throughout the morning and if a person was not ready to eat lunch following a late breakfast a meal was put aside for them to enjoy when they were ready. The chef was knowledgeable about people's individual and generic nutritional requirements. We saw that he was proactive about seeking peoples feedback about the food provided whilst talking to people during the lunch time meal period.

People were cared for by staff who received relevant training and who were encouraged to develop the skills, knowledge and understanding needed to carry out their roles. The training identified by the service as

mandatory was completed by all care staff at the required intervals. 16 of the 42 care staff had a qualification in health and/or social care and 11 staff were enrolling onto a qualification course. Four further staff members' formal qualification training was in progress. The nationally recognised care certificate framework was used when new staff, (without qualifications or experience), were appointed.

The service had experienced a large turnover of staff. This had amounted to 41 personnel during the previous year. The service was working hard to ensure staff were appropriately trained and skilled to complete their roles effectively. Staff told us there was a wide range of training opportunities available. One staff member thought that they would benefit from specific dementia training. In conversation with one of the senior care staff we were told that they had completed the first day of a two day dementia training course. They described this as highly motivating and would underpin their passion for supporting people with dementia and their role as the dementia champion for the home. It was considered that this training could be usefully disseminated to all staff to increase the teams understanding of people's individual needs whilst living with dementia. Staff spoken with were clearly committed to continual improvement of both their own skills and knowledge and that of the care they provided. We noted that a number of 'champion' roles had been created so that individual staff could develop specific knowledge and skills in a particular area and drive improvements across the service and staff team.

Staff remained well supported. They received regular supervision and guidance to ensure they continued to fulfil their roles and provide appropriate care to individuals. Supervision frequencies were graded to meet the learning needs of staff. For example staff were supervised more frequently during their probationary period and thereafter a minimum of four times each year. Records demonstrated that appropriate topics and issues were discussed with individual staff. Appraisals of performance were completed once a year. Regular staff meetings were held and were described as useful by staff. All staff felt they were well supported by the management team and each other. They praised the manager and the deputy manager for their willingness to listen, advise and support them in all aspects of their work. They told us, "We really support each other and can always approach any of the management team. There is an open door policy." And, "There is a shared commitment to improve the care and we can only do that by working together and supporting each other." "I was told at interview that high standards of care were expected of everyone working in the home, and I liked that."

The environment was clean and hygienic whilst remaining welcoming and homely. The communal and private living areas were spacious and provided any necessary specialised equipment to assist people's mobility or comfort. Concerns we received about the cleanliness of the home were not evidenced on the day of the inspection. However, the quality support manager had noted some areas for improvement on their most recent audit. Housekeeping staff were being strengthened and were working with the registered manager to ensure cleanliness and infection control standards were maintained. Families told us, "The home is always spotless." Another said, "I have never seen the home as anything but immaculate." Communal areas were set up to provide people with different experiences and included quiet areas where people could sit or take their visitors. A family member said, "The surroundings are happy, bright colours and homely. I can't think of a nicer place."

We noted that the design of the premises had been given thought and was based on the needs of the people living at the service. The use of painted doors to indicate different areas of the home such as the toilets had been implemented. There was evidence that innovations to assist people with negotiating the home had been useful to individuals. For example, symbols on doors such as animals or fruit which were of particular significance had been used to help them to identify their own bedrooms. Items such as a coat and hat stand were strategically placed as people may have had them in their own homes. Signage and décor throughout the service was appropriate and tasteful, making it welcoming to all. The outside areas were well designed

and provided a stimulating and pleasant place for people to enjoy outdoor activities. From discussions throughout the day it was apparent there was a drive to include more individually focussed ways of supporting people to negotiate their surroundings and to feel content with familiar items throughout the home.

Good

Is the service caring?

Our findings

People were supported by staff who were exceptionally kind, caring and committed to the people they support. People told us, "Staff are always kind and smiley" and "They're very kind to me they really seem to care." Another person said, "Staff care a lot about us." Family members told us, "The staff have made a huge difference and given us and [relatives] a brilliant experience." They added, "This is a very, very caring home." Another said, "Staff are extraordinarily kind and friendly." One family member commented, "Staff are really kind to [relative] they can't do enough for her. Another said, "Staff have a great attitude and always handle things very sensitively."

People were treated with dignity and respect. A relative told us, "You can sense an amazing amount of love." A professional said, "Everyone is treated with the highest amount of respect and dignity." People were spoken to respectfully and were assisted gently and carefully to perform any necessary tasks. They were aware of how each person preferred to be addressed such as the use of a nickname or using a second name in preference to a first. Staff interacted with people in a friendly manner and from people's reactions it was clear they felt relaxed. Staff spoke to people patiently often repeating themselves several times in a supportive manner. They always respected people's wishes and choices whilst trying to persuade them to complete necessary tasks (such as eat.) People moved around the service freely and chose how to spend their time. They told us they could be as independent as they wished, and staff encouraged this. Staff greeted people as they went about their day to day work and stopped to speak to them, comment on something or walk a short distance with someone who was looking a little lost.

Staff continued to develop strong relationships with people and others who were important to them. This was successful even though the large turnover of staff and size of the home had been challenging at times. A family member said, "The home is amazing, they know the family and develop excellent relationships with us" and "We have good relationships with the staff. They always make us feel welcome." Another commented, "Staff are very happy and you can see they love their job." Staff told us, "It's like a family here. I am really happy to work in this home." Another said, "Everyone is very well cared for, the staff, the residents and their families."

People and when appropriate their relatives had been involved in making decisions and planning their care. Relatives told us they had been involved in helping staff to gather information about their family members past lives and helping them to understand their personal preferences. The information gathered had been used to good effect and staff had a clear and demonstrable understanding of the people they supported. People had individual communication plans, as required and methods of non-verbal communication and the ways people expressed their feelings were noted. People were involved in three monthly resident meetings and monthly care reviews where their views and opinions were asked for and their responses were recorded.

People's diverse physical, emotional and spiritual needs were met by staff who knew, understood and responded to each individual. Staff were committed to supporting people to meet any specific special needs and received equality and diversity training to underpin this. Individual care plans noted, for example

people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices. For example appropriate food was offered to meet people's religious needs and lifestyle choices.

People had brought important personal belongings with them when they moved into the service and each person's room had been arranged and organised to suit them. We saw people had photographs, art work and religious and cultural items on display in their rooms as well as items of furniture.

People's paper records were kept securely in the registered manager's office. People's computerised records were only accessible to the relevant staff. The staff team understood the importance of confidentiality and told us they were mindful of discussions about people in the communal areas or in front of others.

Good

Is the service responsive?

Our findings

The service was responsive and met people's changing needs. At the last inspection in April 2017 the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to people's care and treatment not being person-centred and care plans not reflecting people's changing needs.

At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

The service provided person centred care. A professional said, "People's best interests seem to be a high priority in my experience." People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. The service had adopted a new computerised care planning system that had just been installed for all people resident in the home. The system included all the information staff needed to meet people's needs. Whilst there were generic elements to the recording processes the care plans were highly individualised and person-centred. The daily records were completed in 'real time' and any changes to people's needs were identified and recorded immediately. This meant that how staff responded to people's needs was totally up-to-date. Whilst some information such as accidents and incidents were not yet cross referenced to or included in the computer system. However, this was in process. Body maps formed part of the daily recording process, as necessary.

Staff were responsive to people's daily needs. For example they intervened quickly if people were showing any signs of anxiety or becoming distressed. People were comfortable to ask staff for attention or support throughout our observations on the day of the inspection. Staff responded as quickly as possible to people's requests and call bells were answered very quickly. People told us there were always staff to support them if they needed assistance. One family told us, "Staff responded to [relatives] needs by inviting us to Christmas dinner, which we all enjoyed very much." This person wasn't able to access parts of their relative's house so could not visit for Christmas. However, they did want to celebrate the holiday with their family. Another relative told us they had never witnessed staff being unresponsive to people when they needed support.

People felt that they were responded to promptly and one said, "They come whenever I call them, I don't usually have to wait very long at all." Another said, "Occasionally you can wait a while, especially when someone else needs help. They make sure you're OK and then rush off [but] always come back." During the inspection we noted call bells were answered swiftly and staff were attentive to people, often pre-empting when they needed assistance.

The service had processes in place to assess people's needs and well-being regularly and a multi-disciplinary review was held if their needs changed. Individual care plans were reviewed every month by the key worker or senior staff. The new computerised system enhanced the service's ability to identify any issues or changing needs in 'real time'. Staff were very complementary about the new system and told us that they literally had the required information at their fingertips.

The principles and potential for discrimination was understood by the registered manager, senior staff and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity. The registered manager was familiar with the protected characteristics and staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There was good communication between staff and people who understood each other very well.

People were given opportunities to participate in a number of internal and external activities. People told us they had enough to do and could spend time on their own or in their rooms if they chose to. There were two activity co-ordinators who were responsible for scheduling a timetable of activities. These included group events and one to one sessions relevant to the individual. The two activity co-ordinators covered the seven days of the week between them on a rota basis. We observed some people seeking out one of the co-ordinators to discuss a scheduled event which demonstrated their engagement with the arrangements. The service had access to a provider mini-bus but we were told that this was also shared with other homes. Whilst neither of the activity co-ordinators were able to drive there were members of the staff team and people's relatives who were willing to assist with driving. One family member did report to us that the sharing of the mini-bus with other homes did restrict the outside activities that could be organised and enjoyed by those who liked to participate.

There was no-one in the home receiving specific end of life care at this inspection. However, people's care plans included what people wanted towards the end of their lives and when they died. This information provided staff with the knowledge of how people wanted to be cared for at the end of their life. A specific detailed end of life care plan was put in place as and when required. We noted from the recent provider audit that death and dying care plans were not in place for all residents. We acknowledge that this is a sensitive area and must be addressed at a time appropriate for people and their families.

The service had a complaints procedure and had received seven complaints since the last inspection. We reviewed the complaints log and the associated analysis which provided evidence that appropriate action had been taken. People told us they could talk to, "Anyone about anything if they weren't happy." Family's comments included, "I have never had to make a complaint as they are all so approachable and take immediate action if I mention a concern, however small." Another said. "I have no concerns." These comments reflected the responses from all the families we spoke with. All compliments received were kept in a 'happy file' and were brought to the attention of all staff and particular individuals if positive feedback about their performance was received. The issues contained in recent complaints received directly by the Care Quality Commission were not evidenced on the day of the inspection.

Good

Is the service well-led?

Our findings

People benefitted from good quality care provided by a well-led staff team. At the last inspection in April 2017 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to how the provider and registered manager assessed the quality of the care provided. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

People were provided with good quality care. The quality of the service was assessed and monitored by the registered manager and provider's representative to ensure the standard of care offered was maintained and improved. Professionals told us, "The quality of this service is of the highest I have ever witnessed and the impact to all my clients has been a positive one." And, "In my experience Hartford Court is well led and organized. I am kept informed of any incidences." Relatives made numerous comments about the high standard of care their relatives received. These included, "The care provided greatly exceeds my expectations. I could not have found a better place." "I was particularly worried about [relative] but [they] are very happy and settled. [They] get a better quality of life than they could living independently" and "It's like a family and their care of [relative] is brilliant."

Feedback was sought from people, their relatives and other stakeholders in a variety of ways. These included a quality assurance survey, care reviews and resident/relative meetings. The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in the three monthly resident meetings, family meetings and the annual quality survey. Staff meetings were held regularly and minutes were kept. Information gathered through these forums was used to inform improvements and ensure that any dissatisfaction was addressed.

There was a comprehensive governance system in place to regularly monitor the service and check for quality. Audits included nutritional provision, medicines, care files and health and safety. Where audits identified issues or gaps in performance, action was taken and when required staff were spoken to either on a group basis or if appropriate, individually. This helped to ensure errors were addressed and lessons learnt as a result. Quality assurance visits to the service were completed by the quality support manager.

Staff were very positive about working at Hartford Court. They told us they worked well as a team and there were good working relationships across all teams. Comments included, "I'm very happy, we work as a team, in fact I love it." "We respect each other and the manager's respect and value the staff." "There is a lovely atmosphere and it's a lovely team." They described the communication and support in the service as very good." They told us of the different ways in which information was shared and confirmed and they always felt they were kept up to date. Records of meetings indicated staff were able to express their views and their contribution was valued and acted on.

We saw the most recent report from early February 2018 which identified a number of areas for improvement. These included staff wearing name badges, some deficits in e.learning targets including

updates for dementia, safeguarding, and pressure care training. Now that all were transferred successfully work could continue on ensuring all recording was in line with the provider's requirements. Where required action plans were in place actions were signed off as completed once addressed. It was clear from review of the provider audit that the approach was robust, comprehensive and very detailed.

There was a culture of continuing development and an acknowledgement that there were still improvements to be made. Staff told us, "This is a good home but we are not yet where we want to be." The service, under the guidance of the registered manager, had focussed on the standard of care provided at the point of delivery. It was accepted that supporting paperwork, confidence of some staff and other associated procedures needed further work. However, where such areas had been identified these were not considered to be of major significance with the majority very close to the providers own definition standards.

The registered manager had been in post since 23 June 2017. Staff, people and families spoke highly of her. Staff described her as, "Always visible and willing to listen." "She is always open to ideas and encourages individual staff to develop as can be seen by the introduction of champions." Families made various positive comments such as, "Good overall management. The manager (registered manager) has strengthened people's (the staff team) ambition to give the best care possible" and "Approachable and transparent." The deputy manager was also spoken of favourably as were the entire staff team.

People's records were reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales.