

Hartlands Care Home Limited

Hartlands Residential Home

Inspection report

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Tel: 01743356100

Date of inspection visit:
13 May 2016

Date of publication:
15 June 2016

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 13 May 2016 and was unannounced.

Hartlands Residential Home is registered to provide accommodation with personal care for up to a maximum of 31 people who may be living with dementia. There were 29 people living at the home on the day of our inspection.

There was a registered manager in post who was present during the inspection. 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 were looked after safely. Staff were able to identify signs of abuse and knew how to report concerns of abuse or poor practice. Staff were aware of people's needs and took appropriate action to ensure risks to people's health and wellbeing were minimised. Staff were aware of action they needed to take in the event of an accident or incident and there were systems in place to prevent reoccurrence.

People felt there were enough staff available to meet their needs throughout the day and night. The registered manager kept staffing levels under review and increased staffing levels in line with changes in people's needs. The provider ensured that safe recruitment procedures were followed to ensure prospective staff were safe to work with people before they started work with them.

People were supported to take their medicine as prescribed and there were safe systems in place for the storage and disposal of medicine. People were supported to see health and social care professionals to maintain their health and wellbeing.

People and their relatives were complimentary about staff knowledge and the support they received from them. Staff received training and support that enabled them to meet the diverse needs of people who lived at the home.

People were pleased with the quality and quantity of the food provided. People's dietary needs were assessed, monitored and reviewed on a regular basis. Where there were concerns about people's weight or the amount they ate or drank staff sought the advice of the relevant health care professionals.

Staff always sought people's consent before supporting them. Where staff had difficulty communicating verbally with people they explained things in a way that enabled people to be involved in decisions about their care and support. Where people were unable to make decisions for themselves staff worked with the person, their relatives and other professionals to ensure people's rights were protected.

People were supported by staff who were kind and caring. People felt staff enabled them to remain as independent as possible and treated them with dignity and respect. Staff had built good working relationships with people and their relatives. Staff helped people to keep in contact with relatives and friends who were important to them.

People were involved in decisions about their care and support. Staff knew people well and provided care tailored to their individual need. People were offered choices and staff respected their wish if they declined support.

People were supported to follow their interests and hobbies. There were a range of organised activities available as well as one to one support for people to choose what they wanted to do.

People and their relatives had not had cause to complain but were confident if they had any concerns they would be listened to and acted upon. People's views were actively sought and suggestions made were used to develop the service.

People, their relatives and staff found the registered manager and management team easy to approach at any time. There was a positive working culture at the home where staff and management worked together to deliver good quality care. The staff felt valued and motivated to deliver the values of the service.

The registered manager had a range of systems in place to monitor the quality and safety of the service. The provider had allocated resources to make improvements to the service and this was recognised and appreciated by people, relatives and the staff.

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 felt safe and reassured that staff were available to support them as and when required. Staff were able to recognise the different signs of abuse and knew who to report concerns to. There were enough staff to meet people's needs in a timely manner. People were supported to take their medicine as prescribed to promote good health.

Is the service effective?

Good ●

The service was effective.

People were confident in staff knowledge and ability to meet their needs. People were supported by staff who received training and support to meet their diverse needs. People were pleased with the quantity and quality of food provided. Staff sought people's consent and acted in people's best interest to protect their rights.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring and kind. Staff treated people with dignity and respect. People were offered choice and their wishes were respected. Staff supported people to remain as independent as possible. Staff had built good working relationships with people and their relatives. People were supported to keep in contact with friends and relatives who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them well and provided care that was tailored to their individual needs. People were able to spend their time as they wished. People were confident if they had any complaints these would be listened to

and acted upon by staff or the registered manager.

Is the service well-led?

The service was well led.

People, relatives and staff found the registered manager and the staff easy to talk to. There was a positive working culture where staff and management worked together to deliver the values of the service. There were systems in place to monitor the quality and safety of the service. The provider ensured resources were available to drive improvements in the services.

Good ●

Hartlands Residential 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 13 May 2016 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with seven people who used the service and three relatives. We spoke with eight staff which included the registered manager, the deputy manager, a senior staff member, a team leader, three care staff and the cook. We viewed two records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People and their relatives felt people were looked after safely. One person said, "I feel absolutely safe here. I go to bed when I want, I mention it to staff, about 10 minutes later someone pops their head around my bedroom door to check I'm ok". Another person told us, "I feel safe here and all my personal things are safe too". A relative we spoke with said, "The staff are brilliant here. I know [Family member] is safe". They explained that their family member originally had a bedroom upstairs but were moved downstairs to enable staff to monitor them more closely.

People were protected from the risks of harm and abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse or poor practice to the registered manager and were confident that they would take appropriate action. The registered manager told us they regularly attended safeguarding meetings and demonstrated they would take appropriate action to deal with any reports of abuse or poor practice.

Staff told us they kept people safe by reading and following their care plans and risk assessments. This ensured they provided the appropriate level of support and used the correct equipment. They completed regular checks of people's wellbeing throughout the day and night. Where people were at risk of falls they used sensor alarms to alert them when people were attempting to walk without support. Staff were aware that some people became increasingly anxious as the day progressed and knew what support they required to reduce their anxiety and risk of harm. We saw that there were detailed risk assessments in place which provided staff with guidance on how to support people safely. There were also individual plans in place for each person should the home need to be evacuated due to a fire or any other emergency.

Staff demonstrated they would take appropriate action in the event of any accidents or incidents. They remained with the person and used the call bell system to alert senior staff or management. They subsequently completed accident or incident forms which were analysed by senior staff to see if there were any patterns or trends. If people had suffered increased number of falls a 'falls action plan' was completed. This included referring the person for a health check and where necessary an assessment for any equipment which could aid their mobility.

People told us staff were always available to support them as and when required. This was confirmed by a relative who said, "There is always a member of staff sitting in each lounge". Staff we spoke with told us there were enough staff to meet people's needs. The registered manager said there had recently been a high turnover of staff as five staff were on maternity leave. They had managed to recruit new staff and existing staff had covered some shifts. Agency staffing was kept to a minimum as both the registered and deputy manager covered care shifts when required. The registered manager observed people's dependency levels and where people's needs increased they would review the staffing levels to meet them. For example, one person was waiting to move to nursing care and their relative told us, "Extra staff have been brought in at night to help [Family member] until they move". During our visit we saw that staff were readily available and supported people in a prompt yet patient manner. Staff told us we saw that the provider carried out checks

to ensure they were safe to work with people before they started working at the home. These included references from previous employers and checks with the disclosure and barring services (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable staff from working with people.

People told us staff helped them to take their medicine as prescribed. One person said, "The staff know my medication and I get it on time. If I need a little extra, if I have a headache or similar, I receive something for it. I have my legs raised to help my condition". A relative told us, "The staff have gradually sorted my [Family member's] medication and now they are far more relaxed". We saw that staff explained to people what their medicine was for and ensured they had a drink to take them with. Only staff who had training on the safe handling of medicine administered them. Staff had regular competency checks to ensure they continued to manage medicines safely. There were safe systems in place to store and dispose of medicines.

Is the service effective?

Our findings

People and relatives we spoke with were complimentary about the staff and the care they provided. One person said, "I can say they (staff) are all really good" A relative told us, "We know good care when we see it and it's good here".

Staff told us they were well supported in their roles by both other staff and the management team. They had regular one to one meetings with their seniors where they were able to talk about both work and personal matters. They discussed the needs of the people living at the home as well as their training and development needs. Staff felt the training opportunities were good and enabled them to meet the individual needs of people living at the home. Staff told us they found the dementia training beneficial as it gave them a good understanding of how best to support the people who were living with dementia. The deputy manager explained that they were responsible for training at the home. They showed us that they completed training and development plans with staff. These looked at staff training needs and their goals for the future. The deputy manager kept a record of training completed and any refresher courses that were required.

A relative we spoke with praised the approach of the experienced staff and how they passed their knowledge on to new staff. They said, "The more mature members of staff are excellent mentors to the young girls". A new member of staff confirmed the benefits of having a mentor and the support of other staff. They had received a structured induction where they completed some essential training to support people safely. They had also worked alongside more experienced members of staff learning about people's needs and routines. They were encouraged to ask questions if they were unsure about anything and felt listened to. The provider had also enrolled them on the care certificate programme. This is a training programme that works to nationally recognised standards in care.

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 told us that staff gave them choices and asked them what they wanted to do. Staff ensured that they were happy to be supported before proceeding to help them. Staff told us some people were living with dementia and they took time to explain things to them in a way they could understand. This enabled people to make decisions for themselves. During our visit we saw that staff sought people's consent before supporting them. For example, at lunchtime we saw a staff member asking a person, "[person's name] would you like an apron on? - Here you go let's just pop it over your head". The staff member proceeded to ensure the persons clothes were covered explaining everything to the person as they did so. Where people were unable to make choices for themselves staff were clear of the best interest process to ensure people's rights were protected. People, their relatives and other professionals would be invited to take part in best interest meetings. The registered manager told us they liaised with other professionals where best interest decisions were required.

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. The registered manager had a clear process for assessing if people were being deprived of their liberty. Where people were deprived of their liberty applications had been made to the local authority DoL team, staff employed the least restrictive measures to protect people from harm. If people wished to access the local area or spend time in the grounds they were supported to do so by staff.

People were happy with the choice and quality of food available. One person said "The food is good, I'm vegetarian but I get enough choices. I don't really like meat and today I had fish and chips. It was excellent". At lunch time one person was heard to say, "It's really nice. The fish is beautiful – it must be for me to say so". A relative told us their family member was very happy with the food, they too had eaten at the home, they said, "I was quite surprised it was very good". Staff told they offered people a choice of what to eat the day before but always checked what they wanted on the day as they may have changed their mind. We saw that one person had not eaten much of their lunch and was offered an alternative. We saw that lunch was a sociable with people chose who to sit by and chatted with other people and staff. Where people required support to eat they were helped in a patient and dignified manner. Where there were concerns about people's weight or what they ate and drank charts were put in place to monitor their intake. This allowed staff to ensure that people had enough to eat and drink to promote their wellbeing. Staff and the cook were aware of people's dietary needs. Some people required soft foods and thickened fluids to prevent the risk of choking. The cook told us if a person disliked the food served the care staff would complete a form with the person and give this to them so they were aware. The cook said they were due to review the menu with the registered manager in the near future. The manager confirmed that they would be meeting with the cook. In the meantime the activity worker had completed some themed meals with people. They had recently had a Mexican themed event where people had the opportunity to try Mexican food.

People were able to see healthcare professionals when they needed to. One person told us, "I'm quite healthy. The doctor comes here and the chiropodist". Staff told they monitored people's health and reported any concerns to the seniors. The senior staff or managers then contacted the relevant healthcare professional. Records we looked at confirmed that other professionals had been involved accordingly.

Is the service caring?

Our findings

People and staff spoke highly of the staff and management. One person said "It is very, very nice. The staff are very good. I have no regrets in coming here". Another person said I've got no problems with the staff they're lovely". A relative we spoke with felt staff were lovely and kind together with a gentle approach. They said, "The staff touch the residents' arms to reassure them - I like how they do that".

Staff told us it was important to spend time building up a relationship of trust with people. Staff enjoyed chatting with people and getting to know them. This was acknowledged by a relative who told us, "They (staff) go around everybody, speaking to them, pinpointing and making sure every person is recognised as an individual". The activities worker had recently completed life history work with people. This gave staff insight into people's history and what was important to them. Staff were able to use these as a focal point for conversations with people. During our visit we saw that staff took time to sit and talk with people. People were happy in staff company there was lots of smiles and laughter.

People were given choices and involved in decisions about their care. One person said, "I get up when I like and go to bed when I like; sometimes its 8.00pm and sometimes it's 10.00pm. I just tell them I'm going to bed now". Another person said, "They are marvellous. If you want anything you only have to ask and they get it for you". A relative we spoke with told us staff took time to explain things to their family member. They said "They (staff) speak precisely to [Family member] and make them understand and use words to get through. Staff look at [Family member] when they speak with them". Staff said they were mindful of people's communication needs and used their preferred method of communication to involve them in decisions about their care. Where staff had difficulty communicating with people verbally they gave them visual choices and observed their body language. Staff spoke with and about people in a respectful manner. We saw many examples of staff offering people's choice such as, where and who they wanted to sit by.

People were supported to keep in contact with people who were important to them. There were many visitors during our inspection. It was clear that staff knew people's relatives well and welcomed them with an offer of refreshments during their visits. We saw one relative telling a staff member they intended to take their family member out at the weekend. They asked the staff member to put it in the diary so staff could get them ready for when they arrived. Another relative told us they were kept informed about any changes in their family member's needs.

People and their relatives told us staff treated people with dignity and respect. One person explained that staff helped them have a bath and would make sure they had their clothes ready for them to put on when they got out. Another person told us staff encouraged them to do as much as they could for themselves as it was important to them to maintain their independence. Staff told they promoted people's dignity by ensuring they treated them as individuals. They also ensured people were kept covered up as much as possible when receiving personal care and that doors and curtains were closed. We saw that staff offered support in a discreet and dignified manner.

Is the service responsive?

Our findings

People told us they were asked their views on how they wanted their care and support to be provided. One person said, "I'm quite satisfied. Staff ask me what I think about my care. We have meetings. I'm personally happy with the staff". Another person told us they preferred to have a shower rather than a bath and this was respected. The registered manager told us they captured people's preferences, likes and dislikes during their initial assessment. People's care plans were then reviewed on a monthly basis to identify any changes in need or preferences.

People told us they were able to spend their time as they chose. One person told us they liked to read their newspaper or watch television in the evening. Another person said, "I like to read but I sometimes like to have a doze". A relative told us, "Since the activity worker arrived, they have worked hard at putting activities on. My [Family member] was taken to the garden centre and because it was such a success, we, the family have also successfully taken them there for a visit". We saw that there was a range of organised activities in place as well as opportunities for the activity worker and care staff to spend individual time with people. On the day of our visit the activities worker had supported a person out for the morning. We were later shown pictures of the person enjoying their trip out. We also saw that care staff supported two other people to have their nails manicured.

We saw that staff knew people well and were able to respond quickly and appropriately to changes in people's needs. One person had become anxious during the afternoon, staff spent time talking with them and as a result they became more settled. Staff told us there were effective systems in place to keep them up to date with people's needs. They had handovers at the beginning of each shift and each staff member had to read the 'staff notice' book before they started their shift. We saw the notice book provided details of changes in people's needs and updates from the management team. Where staff had been off work on leave or through sickness they were given a detailed overview of changes that had occurred during their absence.

People told they had not had not had cause to raise any complaints but felt able to speak to staff or management if they had any concerns. A relative said, "[Staff member] is very good they always sort any concerns, I have never had to make a formal complaint". The registered manager told us they had not received any complaints in the past year. They had a complaints process in place which was available in different formats. Staff were aware of the complaint process and told us they would support people to access the complaints process should the need arise.

Is the service well-led?

Our findings

People and their relatives were pleased with how the home was run. They found both the staff and management easy to talk to. One person said, "If I ever had any concern I would speak to [deputy manager's name] they are lovely. Another person said, "It's a lovely place". A relative said, "I know the manager, their lovely, they're direct and knowledgeable, approachable. They're respectful enough to tell you exactly how things are". Another relative told us there was good communication between them and staff.

Staff told us there was a positive working culture at the home and they felt valued. There was a good sense of teamwork and they enjoyed working there. They found both the registered manager and the provider open to discussion and their views were listened to. One staff member said, "There is a good culture and a nice atmosphere". There was a clear management structure in place where the registered manager was supported by the provider and a management team. Staff were able to contact the registered manager for support outside office hours should the need arise. The registered manager told us the vision of the service was to provide good quality care and to provide opportunities for people to maintain contact with the community. The vision was shared by staff who told us they gave people choices about how they wanted to live their lives. They promoted people's independence and participation in things they enjoyed doing. This included taking people on trips out shopping or for meals, as well as visits from a local church and various entertainers.

The registered manager told us they were keen to involve people and staff in the development of the service. They had recently sent out a quality assurance questionnaire to capture people and relatives views. They said they previously held meetings for people and their relatives at the home but these had not proved effective. Instead they had introduced 'listening forms' which the activity worker completed with people on a regular basis. These included questions on the quality of the care and their views on any improvements that could be made.

The registered manager told us they held regular staff, senior and manager meetings where staff were encouraged to put their ideas forward. They used the feedback from people and staff to make improvements to the service. For example, a staff member had suggested creating a larger dining area rather than having the two smaller areas. This had been taken on board and the provider had agreed to fund the provision of one large dining room. People, relatives and staff were positive about the refurbishment work that had been completed since the change of ownership. One relative said, "It is much better than when [Family member] first came. Refurbishment is taking place and there is no comparison to how it was".

The registered manager had systems in place to record and respond to incidents, accidents, and concerns of abuse. They were aware of their duties under the duty of candour regulations and were open and honest in their approach. They were also aware of their responsibility to notify us of any significant events and had submitted statutory notifications where necessary.

The provider had a range of checks in place to monitor the quality and safety of the service. These included

care plan audits and staff competency on the administration of medicines. We saw that tasks were delegated to different senior staff and a report was sent to the provider on a weekly basis. The registered manager told us the provider was actively involved in the development of the service and had researched good practice in dementia care. They provided regular support to the registered manager and the management team. The registered manager ensured consistent standard in care by working alongside staff across a range of shifts including evenings and weekends. Where any concerns with staff practice were identified additional training and support was provided