

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Hartland House

Beetham Road, Milnthorpe, LA7 7QW

Tel: 01539562251

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Abbeyfield Lakeland Extra Care Society Limited
Registered Manager	Mrs. Suzanne Stephenson
Overview of the service	<p>Hartland House provides accommodation and personal care for up to 32 older people, some of whom may have dementia. It is owned and operated by the Abbeyfield Lakeland Extra Care Society Limited, an affiliate of the national Abbeyfield charity, through a volunteer board of trustees. Hartland House is a modern detached two storey building on the outskirts of Milnethorpe. The home has a range of adaptations including a passenger lift to assist people to access the accommodation on the first floor.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

Speaking to members of the House Committee and a community nurse visiting the home.

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### What people told us and what we found

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We spoke with some of the people living in the home and one said, "I only came for a short time and it is so nice I decided to stay". One person commented, "I think everything is marvellous. No one comes into my room without knocking first as they say this is my home."

We found good standards of care and support were delivered in a warm and caring manner and that people were relaxed in their surroundings. Records were up to date and reviewed regularly.

People spoken with felt that their privacy, dignity and independence were promoted. They told us they felt safe living in the home and that they would be able to voice concerns, if they had any, without feeling uncomfortable. These values were underpinned by the essential training that staff had received. People spoke very positively of the staff team describing them as, "Helpful and kind."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with a number of people and also observed the way staff approached and supported them. We saw that people were treated with dignity and respect. We spoke with some of the people living in the home and they said, "I only came for a short time and it is so nice I decided to stay. One person commented, "I think everything is marvellous. No one comes into my room without knocking first as they say this is my home."

People spoken with felt that their privacy, dignity and independence were promoted. These values were underpinned by the essential training that staff had received. People spoke very positively of the staff team describing them as, "Helpful and kind."

All the people we spoke with told us they were happy living at the home and that staff were always kind, polite and respectful. People spoke positively about how they were able to make decisions about their care, spend their time and enjoyed shared interests and social events with others. Staff spoke in a friendly way and there was a relaxed and homely atmosphere.

People told us they knew about their care plans and commented, "My key worker talks to me very often about my care plan". We looked at the care records for four people that included looking at their individual care plans. There was documented evidence to confirm that people had been consulted about their goals and views regarding their care including their health care. This meant that people had been involved in making important decisions about their care and how this was to be provided.

Many of the people who lived in Hartland House were able to care for themselves but they told us the staff were always available to assist them if necessary.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The people we spoke with during our visit all told us they were really happy with the care and support they received. They were very complimentary about the attitude of the staff and said, "I am happy living here...I have no complaints". One person commented, "I think everything is marvellous." Another person said, "I get my own clothes back from the laundry beautifully ironed. I see the manager every day sometimes more than once. She is always around to talk to."

We found that plans for people's care were centred on each individual person and outlined how they wished to be cared for by staff. We looked at four of the care plans in depth and saw they were written respectfully and in a very person centred way. Likes, dislikes, wants and wishes were recorded and there was good detail for staff to follow. This meant that individual needs were met in a consistent way.

The care plans contained information about the person's history with relatives being encouraged to provide this background information, about work, family and past interests. This information helped to ensure that their care plan was individualised to the person concerned and took into account their personality and personal preferences.

We saw that visitors were warmly welcomed and they told us they were always made welcome and offered refreshments. We spoke with the care managers who explained that a key worker system was in operation. This meant that each person had a member of staff who took a special interest in them. We were told that the key worker always tried to speak with family members each time they visited. This was to make sure that they had no worries or concerns. This showed that staff respected family relationships and understood the importance of maintaining good communication and family and friendship ties. The key workers also participated in the regular care reviews with the people who lived in the home.

Healthcare needs were met through healthcare professionals and doctors from the two surgeries that visited the home each week. All those living in the home had an up to date nutritional assessment with details of the weights made available to the doctors, dieticians and speech and language therapists. Records are kept of the professional visits and care plans updated accordingly.

We were able to speak to a community nurse who was visiting the home on the day of our

visit. She told us that the staff in the home were wonderful and worked really hard to ensure all the needs of the people were met in the most appropriate way.

We spent time walking round the building and were able to speak with people in the communal areas or in their own room. One gentleman told us "I just came to see what it was like and I have decided to stay". Another person said they came regularly to the home for a holiday and met old friends when they did.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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Hartland House was a modern detached two storey building on the outskirts of the village of Milnethorpe in south lakes. It was built over two floors with a passenger lift giving access to the upper floor. The Abbeyfield Society had taken steps to provide care in an environment that was suitably designed and very well maintained.

The home had recently been extended to provide eight new single rooms and after this was completed the remainder of the building was completely refurbished. There were thirty-one rooms all with en-suite shower/wet rooms and toilet facilities, one of which was registered for double occupancy if required. There were communal bathrooms on both floors.

The home and grounds were well maintained and gave people a pleasant and comfortable environment in which to live. All areas of the home were clean and free from any unpleasant odours. There was a team of domestic staff that ensured the home always remained clean and free from infection.

People who lived and worked in the home were protected by appropriate security measures. They were able to hold a key to their own bedrooms if they chose and each room had a lockable storage facility so people could ensure their possessions were stored securely.

Trustees of the Abbeyfield Executive Committee carried out monthly visits to the home to complete their own inspections and this meant that any issues were identified promptly and dealt with appropriately.

There was plenty of communal space provided by a large dining room and two lounges. There was also a seating area on the first floor for people wishing to sit quietly or see visitors in private.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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Everyone we spoke with during our inspection made positive comments about the staff employed at Hartland House. People told us it was a good home and said, "The staff are wonderful, we're really well cared for."

We observed that the staff on duty were knowledgeable about the support individuals required and the choices they had made about their care. People were provided with support in a manner which focussed on them as individuals and promoted their independence and rights.

The staff we spoke with told us they had completed a range of training to give them the skills and knowledge to carry out their duties safely. They said they were provided with regular training to ensure their skills were up to date. We looked at the staff training records which showed us that the home provided staff with appropriate training to provide safe care which met individual needs. The service had systems in place to clearly record the training staff members had completed and to identify when they needed to complete updates to training they had already undertaken. This made sure their skills and knowledge were up to date and based on good practice.

Staff received regular one to one supervision meetings with their line manager and annual appraisals were also completed. There was a strong management structure within the home providing good lines of communication, care and support.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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### Reasons for our judgement

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There was an effective system in operation to assess and monitor the quality of the services that people living at Hartland House received.

We saw that information about the safety and quality of the service was being gathered from different and relevant sources. This included reviewing and updating policies and procedures periodically and using surveys with relatives and the people living there to get their views. People who used the service and their representatives had been asked for their views about their care and treatment and they were acted on. This was done through using the annual satisfaction survey. We saw the results of this year's survey and saw there had been a high level of satisfaction amongst those responding.

Staff meetings were held that gave opportunity for staff to express their views and make suggestions with regards to the provision of care.

A thorough system of regular checks or 'audits' helped the management to identify and manage any gaps in the service provision and any risks. This helped to make sure that a consistent level of service was offered. Members of the House Committee visited monthly to complete their own audit checks on every aspect of the home and this, together with the input from the manager helped to monitor service provision and to provide a focus and management presence throughout the home.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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