

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

Date of Inspection: 10 December 2013

Date of Publication: January 2014

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Abbeyfield Lakeland Extra Care Society Limited
Registered Manager	Mrs. Suzanne Tracy 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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	9
Requirements relating to workers	10
Complaints	11
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, 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 and talked with staff.

What people told us and what we found

People told us they were very happy living in Hartland House. Comments included,

"The care here is very good and I am well looked after".

"I am so happy here and the staff are lovely. Have you tasted the mince pies?".

"The staff encourage me to do things for myself which I like as I want to remain as independent as possible".

We saw that people were able to join in meaningful and sociable activities if they wished. Staff were pleasant and polite and we saw that people who used the service and their visitors were treated with respect and dignity.

We found that people's care and support needs had been assessed and kept under regular review to help ensure people received the care they needed. We saw that people had access to health and social care professionals. The people we spoke with told us they received the help they needed when they needed it and that staff did encourage them to remain as independent as possible.

There were clear policies and procedures in place for medicines handling and storage. Medicines records were up to date and regularly checked to ensure medicines were administered correctly.

We found that all the records pertaining to the operation of the service were in place and up to date with current legislation.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and in line with their individual plan of care.

Reasons for our judgement

We looked at this outcome so we could judge the level of care and support provided to the people who lived in Hartland House. We spoke to people who lived in the home and to members of the house committee who were visiting on the day of our inspection. We also observed the way people were cared for, spoke to staff and read daily notes and care plans.

We spent time talking to people in groups in the lounge and dining room as well as people in the privacy of their own rooms. All we spoke to had nothing but praise for the care and support they received. People told us that they were well cared for and said,

"The care here is very good and I am well looked after".

"I am so happy here and the staff are lovely. Have you tasted the mince pies?".

"The staff encourage me to do things for myself which I like as I want to remain as independent as possible".

We could see from daily recordings and care plans that people received good levels of personal care. The daily records were detailed and were used at the handover meeting between shifts so that staff coming on duty were well informed about the people they were supporting.

Health care needs were met through good working relationships with the GPs and district nursing team. Doctors from the two local practices visited the home on a weekly basis to provide medical care and support. The two care managers who were on duty at the time of our visit told us that this system worked well for the people who lived in the home. It ensured any health needs were dealt with as soon as possible. All health care professional visits were recorded in the care plans.

People told us that they did see specialists if necessary and that one of the staff team would accompany them to their appointments if this was necessary. We also learned that opticians, chiropodists and specialists like speech therapists and dieticians visited the home.

We spoke to the staff on duty about the content of care plans and about the way they delivered care. Staff had a good understanding of each person's needs and their responsibilities when giving care and support. Each individual had a care plan in place that covered all aspects of daily living and their health care needs.

There was an interesting programme of activities and we were shown a copy of the December programme. We spoke to the activities coordinator who was chatting with four ladies over coffee having just finished a game of dominoes. They showed us cards and lavender bags they had made in the craft class.

The home had a monthly church service that people could attend if they wished. One person told us this was important as they attended church when they lived at home.

Throughout our visit we observed warm and friendly interactions between staff and the people they supported.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

During this inspection of Hartland House we looked around all areas of the home including the communal areas and individual service user bedrooms. We also looked briefly at the food serving area. We found that the home was clean, tidy and there were no unpleasant odours.

Although all of the bedrooms at the home had en-suite facilities, people who used the service also had access to communal bathrooms, shower rooms and toilets. We found that these areas were clean and free from unpleasant odours. Equipment such as raised toilet seats, bath seats and shower chairs had all been properly cleaned to reduce the risk of any cross infections. Suitable waste bins were in place, including waste disposal units for continence products.

The service employed a housekeeper and although they were not on duty on the day of our visit we were able to speak to the deputy housekeeper. Cleaning schedules were in place and there were sufficient cleaning materials available at all time.

We spoke to one of the care managers who had delegated duties as the infection control lead. She told us that all staff had recently completed infection control training at level two and that training in hand washing was updated and discussed at regular intervals.

There was a full set of policies and procedures that were regularly updated by the Abbeyfield Society in place. The service also followed the guidelines set out in The Department of Health Code of practice on the prevention and control of infections. The policies and procedures in place did include procedures to be followed in the event of an infectious outbreak, including decontamination processes and reporting processes.

There were antiseptic gel dispensers in all parts of the building for staff, visitors and people to use. There was also a plentiful supply of protective clothing available. We observed staff washing their hands and wearing the protective clothing appropriately.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were clear policies and procedures in place for medicines handling and storage. There were appropriate arrangements in place in relation to the recording of medicine received into the home and kept on people's behalf and its administration. We looked at a sample of medicines and compared them with records. This showed that medication was being given properly and at the times prescribed by the doctor.

No one in the home had chosen to be responsible for their own medication and when we asked people about this we were told, "I don't want to keep my tablets, the girls give them to me every morning and every night".

The monthly supply of medicines had been delivered to the home on the day of our visit. The two care managers had been given delegated responsibility for the management of all the medicines received from the pharmacy. During our visit they explained the system in use and their responsibility in ensuring the medicines were administered in the proper manner. All staff who gave medicines had completed training at level two to ensure they were competent.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration checked by two members of staff. This included the management, destruction and return if not used, of medication provided for end of life care.

Regular audits and checks of medication records were completed by the appropriate staff and also the care managers. The records we looked at were up to date and correctly completed.

We saw from the records kept and asking people, that concerns relating to people's health were raised with health care professionals as necessary and changes to medication were clearly recorded. We were told by one person that "Whenever I need the doctor they are called. They visit the home each week anyway".

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records of four staff, one of whom had been recently employed at the home. We saw that application forms had been completed and that people had attended for interview prior to being offered employment at the home. Checks had been undertaken to help ensure that staff were suitable for this type of work and for working with potentially vulnerable adults.

We spoke to staff in a group of three and also the two care managers during our visit. They all confirmed that a full induction programme was available for new starters and this included working alongside more experienced staff for a short period of time.

We spoke to the manager who was responsible for the recruitment of staff and she confirmed that new staff completed induction training both in-house and external training that met the Skills for Care Induction Standards. This type of training helped to make sure that staff understood their role and responsibility in supporting older and vulnerable people with a variety of needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately and within the timescale set out in the policy.

Reasons for our judgement

We spoke to ten people during our time in Hartland House and none of them had anything detrimental to say about the care and support they received. They all agreed that the care they received was excellent and said,

"It is lovely here and the staff are really nice girls".

I have been here a few years now and have no regrets about moving in even though it was hard to leave my own home".

"I came here straight from hospital and I have been fine ever since. I can have a really good laugh with the lasses".

There was a clear policy and procedure in place to deal with any complaints or concerns. There were copies around the home and there was a copy included in the home guide, a copy of which was given to people when they move into the home.

The manager had a high profile and people told us they could speak to her at any time they wished. Meetings for people who used the service were also organised. These gave people the opportunity to air their views and make suggestions about the running of the home.

There was a complaints log in place but there had been none to record. The Commission had not received any complaints and we had not been notified of any received by the local authority.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We found that the manager and staff were keeping up to date and accurate records regarding the people living there. This included personal care records, care plans and risk assessments that were being stored securely to maintain people's confidentiality. The care and medication records we saw were properly maintained and an accurate reflection of people's needs.

There were records of work done in the home and of servicing and the maintenance of equipment in use to make sure it was safe for use. This included emergency equipment and lighting, call systems and alarms. Gas and electric checks were completed annually through service level agreements. We saw there were also records of service users monies kept on their behalf by the home. We saw a copy of the fire risk assessment that had been completed by an external professional.

The provider had an established internal system to assess and monitor the quality of the services that people living there received. A system of checks or 'audits' helped the management to identify and manage gaps or risks in the service provision and the completion of records within the service. This helped to make sure that a consistent level of service provision and record keeping was maintained.

We looked at staff records and found these to be filed securely in a locked cabinet in the manager's office which was locked with a key pad lock.

We saw that the service had clear policies and procedures that were updated annually by the Abbeyfield Society to ensure they were kept in line with legislation.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
