Inspection Report

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

Hartisca House

Hartwell Road, Burley, Leeds, LS6 1RY

Tel: 01132426919

Date of Inspection: 10 May 2013

Date of Publication: May 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Overview of the service	Hartisca House provides care for older people with dementia. The home is built on two floors with a passenger lift to the first floor. Each floor has a lounge and dining area with food and laundry services being provided from a central area on the ground floor. There is a secure decked area to the side of the building. The home is situated in the Burley area of Leeds, within walking distance of shops, a day centre, church and park. The city centre is a short bus ride away.
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'.

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 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Before people received any care or treatment they were routinely asked for their consent. Members of staff told us they always explained all procedures and treatments. The care and treatment plans we looked at contained evidence of people's views and experiences that were taken into account in the way the service was provided. One person told us, "Staff explain things, they are very good."

People had detailed care plans relating to all aspects of their care needs. They contained a good level of information setting out exactly how each person should be supported that ensured their needs were met. We spoke with six people who used the service and they told us they were happy with the care and treatment they received. One person told us, "It's lovely here and I am well looked after."

We observed that people were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection. The people we spoke with told us that they had no concerns with the cleanliness of the home.

We found that people were supported by sufficient numbers of qualified, skilled and experienced staff which met people's needs. People who used the service we spoke with told us there were always enough staff to help them when they needed support.

There were quality monitoring programmes in place, which included people giving feedback about their care, support and treatment. This provided a good overview of the quality of the services provided.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Care plans were created with input from the people who used the service and/or their relative. People's wishes were always respected where possible. The care plans were individual and reflected background, culture and preferences. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People who used the service and their families had contributed their opinions and preferences in relation to how care and support was delivered. One person told us, "Staff explain things, they are very good." Another person told us, "It is quite pleasant here, there is no pressure and I can go at my own pace." One person said, "Staff listen to me."

Information in the care plans showed the home had assessed people who used the service as to their capacity to make their own choices and decisions around care. People and their families were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions were documented in the care plans and reviewed on a regular basis. However, the manager told us they were in the process of changing the care plans and the people's mental capacity would be reviewed as part of this process.

The provider acted in accordance with legal requirements where people did not have the capacity to consent. Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. The training records showed that staff had received training around the Mental Capacity Act.

Staff made reference to the need to assess people's capacity prior to making decisions, but were also clear that where people had the mental capacity to make their own decisions, that this would be respected. The deputy manager told us they were confident staff would recognise when people had limited capacity and when they needed to discuss

decisions about the action to take in the best interests of people who used the service.

People who used the service and relatives had access to a choice of literature. A dementia awareness file was located in the entrance to the home. This included what is dementia, the causes, memory loss and treatment. We saw the home had a resident's newsletter. The 22 to 28 April 2013 newsletter included reminiscence and activities.

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 protected their rights.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking to people, observing the care being delivered and looking at records.

We observed staff giving care to people throughout the inspection and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television, were listening to music, reading, taking part in activities or wanted to spend time in communal areas. During lunchtime staff gave support and encouragement when needed. People were given time to finish their meal in an unrushed and calm way. People appeared relaxed and comfortable in the presence of staff.

We looked at four people's care plans. People experienced care, treatment and support that met their needs and protected their rights. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans were written in a person centred way, which included likes, dislikes, what was important to them and included 'My support plan'. We saw that care plans contained guidance for staff about the way each person should be supported and cared for. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person had an assessment of care needs and a plan of care, which included risk assessments. The risk assessments we looked at included pressure care, nutrition and dependency. The care plans highlighted what people could do on their own and when they needed assistance from staff. The manager and deputy manager told us they were in the process of changing the care plans with new provider documentation. They said this would be completed by the end of June 2013.

We saw evidence that care plans were reviewed on a monthly basis or sooner if needed to ensure people's changing needs were identified and met. There were separate areas within the care plan that showed specialists had been consulted over people's care. These included health professionals' visits and GP communication records.

During our inspection we spoke with two members of staff, who told us the care plans were easy to use. They also told us that they contained relevant and sufficient information

to know what the care needs were for each person and how to meet them. They demonstrated a good knowledge of people's care and support needs and could describe care needs provided for each person.

We spoke with six people who used the service, who told us they were happy living at the home and they were well looked after. They told us staff were generally prompt when they needed assistance. One person told us, "It's lovely here and I am well looked after." Another person told us, "I wouldn't wish for anything different, they are all very nice." One person said, "There is not much I don't like, I sleep lovely and can choose my meals." Another person said, "I can't fault the care."

One relative we spoke with told us they were happy with the care and support their family member received at the home. They told us that the staff understood the care and support needs of their family member. They also told us they were contacted by the home straight away if their family member required any treatment or had concerns. They said, "I have no complaints at all."

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the home had lift access to the top floor. This enabled people with limited mobility to have access to activities and other areas of the home.

There were arrangements in place to deal with possible emergencies. The home had a first aid kits accessible to staff. These were stored securely. Staff talked confidently about what to do in an emergency. Some staff had received training in basic life support skills, first aid and cardiopulmonary resuscitation.

We saw that up to date policies and procedure were in place. These included prevention of falls, moving and handling, first aid and health and safety.

Cleanliness and infection control ✓ Met this standard

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 protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found people received care and treatment in a clean environment with various infection control measures in place to minimise the risk of infection. We noted that the home was clean and tidy throughout and there were no malodours. We looked at some of the communal areas of the home, bathrooms, some people's bedrooms and the laundry area. We found all the areas to be clean and satisfactorily maintained. There were effective systems and numbers of staff in place to reduce the risk and spread of infection.

We saw that hand washing signs had been put into all toilets and bathrooms and there was adequate provision of suitable hand washing facilities, soap and alcohol gel. Staff confirmed that they were supplied with the correct personal protective equipment when carrying out infection control procedures.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Four members of staff we spoke with during the inspection, included one care assistant, one senior care worker, housekeeper and laundry person, confirmed they had completed infection control training. There were up to date infection control policies and procedures in place. These included general precautions for infection control, blood borne virus exposure and the use of personal protective equipment. We saw a display on infection control in the entrance to the home which included guidance of outbreaks of influenza, controlling legionella and what was infection control.

We saw that daily infection control tasks were carried out in the home and these included bedrooms, lounge and dining areas, mirrors and carpets. We spoke with the housekeeper who told us they checked the standards of cleaning on a daily basis. They also told us that the carpets were cleaned on a monthly basis. They said any identified issues were addressed immediately. We saw an infection control audit for January 2013 had been completed and this included hand hygiene, environment, handling and the disposal of linen and spillages. A mattress audit had also been carried out for January 2013. The manager conducted twice daily checks and the outcomes were recorded. These included cleanliness of the home.

All clinical waste was disposed off appropriately. This included the used of yellow clinical

waste bags and sharps bins.

The people who used the service we spoke with told us that they had no concerns with the hygiene. One person said, "Cleanliness is very good." Another person told us, "It is very clean and usually smells nice." One person said, "It is always clean and tidy."

We spoke with one relative who told us they were happy with the cleanliness of the home. They said, "It is spotlessly clean and does not constantly smell."

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of our inspection the manager told us the home's occupancy was 18. Across the two floors there was one qualified staff on duty throughout the day and they had responsibility for administering medication and for overseeing the care staff. There were also two care staff and members of staff for domestic, laundry and kitchen duties and an activities co-ordinator. There was also the manager and/or the deputy manager on duty during the day. At night time, there was one qualified member of staff and one care staff with the manager and/or the deputy manager being on call.

The rotas we looked at showed that the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times.

The manager told us that staffing level were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. The manager told us in the future bank staff were to be arranged to help support the staff when necessary. They told us this would ensure there was continuity in service and maintain the care and welfare needs of the people who used the service. One member of staff we spoke with told us, "I love working here."

We observed staff working in the home. There appeared to be sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. Comments from people who used the service and relatives included, "Staff come quick when I need any help", "I don't wait long if I need help" and "Sometimes there are not enough staff but generally staffing is ok."

The deputy manager told us that a training matrix was in place that monitored what training had taken place and what staff members needed still to complete. Records showed training sessions were taking place and appropriate training was being delivered. This included infection control, person centred care, medication, falls awareness and challenging behaviour.

The five members of staff we spoke with told us they received training during the year and

training included fire awareness, moving and handling and health and hygiene.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

We looked at how Hartisca House gathered information about the service they provided. Records of audits that had been undertaken confirmed that a programme was in place.

We looked at the quality assurance manager's audit for April 2013. The audit included management of the home, resident wellbeing, safeguarding, medications and the environment. We saw evidence that action plans were developed which identified actions, with ongoing monitoring and completion dates.

We saw evidence of audits been completed. These included falls, care files, meal services, medication, health and safety and infection control. The manager told us they walked around the home twice a day. We saw this was documented and included people's access to fluids, environment, cleanliness and the dining experience. They told us any identified issues were addressed immediately. One member of staff told us, "The manager comes on to the floor each morning and afternoon and speaks with the residents and staff."

People who used the service and their relatives were asked for their views about their care and treatment and they were acted on. We saw evidence that the manager held staff meetings; actions were considered and taken following each meeting. Staff meeting minutes for May 2013 were available at the time of our inspection. These included catering, care, maintenance and activities. A member of staff told us a relative's satisfaction survey had being sent out in May 2013 and the results were going to be collated by head office. They also told us any negative comments would be discussed with the manager. On the day of our inspection a relatives meeting had been arranged and the manager told us these would be held on a monthly basis. They also told us they were in the process of forming a residents committee, 'Their life in the home' and the first meeting was going to be in June 2013.

We spoke with the manager regarding how they monitored complaints. They explained the complaints procedures and confirmed they did not have any ongoing complaints. They explained the complaints procedures and confirmed there were no open complaints at the

time of our inspection. They also said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. People we spoke with told us if they had any concerns they would talk to a member of staff and they said they felt their concern would be acted on.

We saw up to date policies and procedure were in place. These included health and safety, complaints, accidents and incidents and emergency contingency.

The quality monitoring showed that people who used the service benefited from safe quality care, treatment and support.

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.

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

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