Hartley House Limited

Hartley House Care Home

Inspection report

Hartley House
Hartley Road
Cranbrook
Kent
TN17 3QN

Tel: 01580713139
Website: www.hartleyhouse.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Hartley House Care Home provides residential accommodation for up to 57 older people, most of whom have dementia or cognitive impairment. The accommodation is provided on the ground floor, in three units. There were 55 people living in the service at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks of falls for people.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role.

Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

People were supported to have choice and their independence was promoted by staff who understood the needs of people living with dementia. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records help staff deliver care that met people's individual needs. The activities provided were suitable for people living with dementia.

The provider and the management team were open and transparent in their approach. They placed

emphasis on continuous improvement of the service.

There was a system of monitoring checks and audits to identify any improvements that needed to be made. The area manager and the registered manager acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below.

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 remains Good.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service remains Good.

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions by staff who sought their consent appropriately. The registered manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards (DoLS) and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service remains Good.

Staff communicated effectively with people and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Appropriate information about the service was provided to people and visitors. Relatives described the way staff and management communicated with people in positive terms.

Is the service responsive?

Good

The service remains Good.

The service was responsive to people's individual needs.

People or their legal representatives were invited to be involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them.

The delivery of care was in line with people's care plans and risk assessments.

Activities that were suitable for people who lived with dementia were provided.

People and their relatives' views were considered and acted on.

Is the service well-led?

Good

The service remains Good.

The area manager supported the new registered manager with the day to day running of the service and emphasis was placed on continuous improvement. Steps had been taken to improve monitoring checks and the completion of audits to identify any improvements that needed to be made. When shortfalls were identified, such as an increase of falls in the service, action had been taken as a result.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these.

Hartley House Care 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 carried out 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 was a comprehensive inspection.

The inspection took place on 27 January 2017 and was unannounced. The inspection team included two inspectors 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. Their area of expertise was dementia care.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with nine people living at the home and ten of their relatives. Several people had communication difficulties and were not able to converse with us. Therefore we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how care was delivered and how staff interacted with people.

We spoke with the provider, the area manager, the registered manager, the wellbeing co-ordinator, and six members of care staff. We also spoke with maintenance and kitchen staff. We consulted three specialist nurses and two GPs who visited the service regularly, to gather their feedback.

We looked at eight sets of records relating to people's care and their medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and five staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus

and the activities programme. We sampled the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "I feel safe, carers are very kind and caring, they come when I need help" and, "I'm alright here yes I feel safe." A relative told us, "My mother is safe here, most staff are aware of her health issues; they are very attentive if she falls they call an ambulance quickly and keep me in the picture." A GP who visited the service regularly to provide treatment for people told us, "There have never been any incidents [in the service] where I felt the safety of the residents have been compromised."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The area manager and registered manager carried out daily and weekly analysis of any accidents and incidents to identify any common trends or pattern, documented what actions had been taken, and reflected on their efficiency. They had participated in safeguarding meetings with the local authority to discuss how risks of falls could be further minimised. New measures had been implemented in practice to reduce the risk, such as an increase on staffing levels; regular checks that were comprehensively documented; medicines reviews for each person living in the home; and the purchase of additional sensor mats. As a result the number of falls had been significantly reduced in the service.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. There was a range of environmental risk assessments and checks that had been completed to ensure that staff were aware of the steps they needed to take to keep people safe. People had updated personal evacuation plans in place that took account of their needs in case of an evacuation. The service held a comprehensive emergency contingency plan. Repairs were undertaken in a timely manner and staff confirmed that they were able to get equipment repaired as and when required.

There were sufficient numbers of staff on shift to meet people's needs in a safe way. The provider had increased staffing levels taking into account people's specific needs. Two members of staff told us there was not enough staff deployed. However we reviewed rotas for the previous and current months and saw that the number of staff on shift was appropriate and observed that people's requests for help were responded to without delay.

Medicines were managed safely in the home and people received their medicines timely and as prescribed. A person told us, "They never forget my tablets, they know it is important." There was an appropriate system

in place for the storage, administration and management of medicines. Controlled drugs were regularly audited and a new recording and checking system had ensured the risk of errors in the administration of medicines was minimised. Staff completed people's medicines administration records (MAR) appropriately. The use of topical creams was guided by individual body maps and recorded by care staff in everyday care files.

Good

Is the service effective?

Our findings

A relative told us, "The staff are efficient, they are all very professionals; if my mother is unwell they are quick to call a GP and they communicate well with me by phone or email." A GP who visited the service regularly to provide treatment reported to us, "The care at Hartley House is safe and effective. The team leaders are generally aware of the patients' problems or any staff or family concerns when a visit is requested. They show initiative when dealing with medical emergencies." A relative told us, "Mum needs assistance with eating; two years ago she lost a lot of weight and we thought we were going to lose her, mum surprised us all, she's now well and has put her weight back on again. She is looked after very well by all the staff."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when a person had needed to receive their medicines covertly. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately. The area manager and registered manager had improved the way mental capacity assessments and best interest meetings were documented.

People receive effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff studied to gain the 'Care Certificate'. Over 65 % of staff had gained or were studying for a diploma in social care. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Staff were up to date with essential training that included 'Caring for people with dementia', and attended regular refresher courses. Additional training was available and encouraged, such as, 'Person centred approaches'. Staff had been provided with additional falls prevention training. Staff told us, "We get good support with training; if we have any special interest we are encouraged to learn more about it."

People were supported to eat, drink and maintain a balanced diet. We observed staff sitting with people who needed feeding or encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own pace and were gently encouraged when appropriate. Alternative dishes were offered to people when they required this. The catering staff knew of people's specific dietary requirements and preferences. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served. People told us, "I eat pretty well, quite pleased with the meals I eat", "The food varies, very good, lots of home-made puddings; we're always given a choice, never not fancied what I have chosen." Hot and cold beverages were offered to people throughout the day.

People were supported to maintain good health and had access to healthcare professionals. People were

weighed monthly or weekly when there were concerns about their health or appetite and their food and fluid intake was recorded and monitored. They were referred appropriately to specialised clinics, GPs, speech and language therapists, occupational therapists, dieticians, district nurses, a community psychiatric nurse, and tissue viability nurses. A person had been referred to a physiotherapist who had provided specialist equipment for a person who experienced a contracture of their hand.

The premises had been designed and adapted to meet people's needs. The provider had amalgamated one unit with another to maximise the use of a large lounge area, allowing for staff to supervise and engage with a larger number of residents. A designated space for 'Reminiscence activities' was being prepared to enhance people's psychological wellbeing; the main kitchen was about to be refurbished to render meal preparation more effective.

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "very kind", "absolutely phenomenal carers", "attentive and very gentle" and, "150% caring." A specialist nurse who visited the service regularly over several years told us, "I have always found the staff helpful and supportive towards their residents and myself as a professional visiting the home." A GP who visited the service regularly to provide treatment for people reported to us, "I have generally found the staff to be caring and responsive to the residents' needs."

Positive caring relationships were developed between people and staff. A relative told us, "Dad is very contented; he often says he loves them [staff]". We observed staff addressing people respectfully and with kindness throughout our inspection. People were encouraged, praised and appropriately conversed with during mealtimes and activities.

Staff spent time with people. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around. Staff promoted people's independence and ensured aids were provided, such as plate guards and walking frames. One person was enabled to do light washing-up and another to sweep a floor as they wished to carry out these tasks. People's wishes were respected, such as having a late breakfast, remain in bed or not to shave. Attention was paid to enhance people's experience in the service. One person who needed to have their meal pureed had their items of food separated by staff so that they could taste the different flavours on the plates. A care worker told us, "It's the little things that count the most."

People were involved in decision making about their care and treatment as they, or their legal representatives when appropriate, participated in initial assessments of needs, care planning and reviews of these when changes occurred. Two relatives told us, "Recently we were told that (name) was going to be mum's keyworker; she knows mum and us very well; we have always been invited to reviews. Staff always listen to our views" and, "I requested a review of dad's care plan with the key worker, just going through it today, very efficient, I have no complaints about the care dad gets." Two relatives told us they had not yet been invited to attend a review of their loved one's care. The new registered manager had a plan in progress to ensure that formal invitations were scheduled, so that all interested parties could be included.

Staff promoted people's privacy and respected their dignity. People could have a bath as often as they wished; staff knocked on people's bedroom door and announced themselves before entering; We observed that staff ensured people's continence needs were met quickly and in a discreet manner. A relative told us how staff respected confidentiality, telling us, "Mum's privacy is totally respected. If we have to discuss anything about the care the door is always closed."

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. The home was well supported by GPs and a local hospice palliative care specialist team who ensured pain management was delivered and who offered guidance when needed.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, "The staff know dad very well. Sometimes he refuses to shave, the carers go back later when he is more agreeable, and see if he has changed his mind. He prefers male carers, they are good at getting him to wash", "Sometimes mum just refuses to eat. Today she has refused her lunch, staff have put her pudding in the fridge and will see she if she eats it later. They respect her wishes but they monitor her appetite. If she loses weight I know they will act on it."

People continued to receive personalised care. Their care plans included their likes, dislikes and preferences about food, activities, routine and communication. Care plans were comprehensive, person-centred and detailed. They included vital information such as, 'All about me', 'what you need to know', and, 'What is important for you to know about my past.' Staff were aware of these plans and implemented these in practice. For example, they were aware of a person's interest in football and knew how to discuss the subject with the person. Attention was paid to people's moods, personality and emotional states. A person experienced confusion and staff knew how to respond to their anxiety, following specific steps outlined in their care plan. A person behaved in a challenging way during personal care and staff knew how to use distraction techniques in order to engage the person during this task.

People were occupied with daily activities that took account people's wishes and interests. An extensive programme of daily activities suitable for older people and those living with dementia was led by a wellbeing coordinator, in consultation with people and their relatives. Staff engaged in one to one activities sessions with people who remained in their bedroom. A care worker was playing dominoes with a person and another was reading aloud to them in their room. A person told us, "We have quite good activities here, art and crafts, singing, film shows, a person comes in with their dog; we recently had an afternoon tea with scones and my daughter came; it was lovely, my daughter keeps asking when the next one is, she thoroughly enjoyed the afternoon. I have gone out on a bus trip to their other care home on the Isle of Sheppey. The local school children have been in as part of their community project doing crafts with us."

People and their relatives were invited to participate in quarterly 'Family forums' where they could make suggestions about any aspect of the service. Results of bi-yearly satisfaction surveys were also discussed at these meetings. As a result, a new door bell had been installed; a quarterly newsletter was sent by email; a suggestion box had been placed in the entrance; vinyl flooring in a bedroom had been replaced by a fitted carpet; the colour of a bedroom door had been changed. Complaints were addressed in line with the service's policy and analysed to identify how lessons could be learned to improve the service. A complaint had led to a review of how invoices were updated when people left the service.

The service coordinated with other services such as GPs, district nurses, physiotherapists, specialist nurses and psychiatric services, when people's needs increased. When people's needs increased to warrant nursing care, the provider endeavoured to keep people in the service as long as their safety and welfare could be assured. Reviews of people's care were held in partnership with the local authority and the service liaised with nursing homes, hospices and hospitals to ensure a successful transition. Updated information about

people's needs was provided to other services to ensure continuity of care.

Good

Is the service well-led?

Our findings

There was a new manager in post since October 2016 who had registered with the Care Quality Commission (CQC) in December 2016. 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, their relatives and staff told us they appreciated the new manager's style of management. The registered manager was visible in the service. Staff told us, "She is very nice and understanding", "We can always drop by in the office and speak with her; she is always around." A care worker told us, "We have had difficult transition times, and it takes time for new systems to take hold but we are getting there, the staff morale is on the up." The registered manager operated an open door policy and had set up a weekly eight hours 'surgery' dedicated to engaging with people and their relatives who wished to talk with her in her office.

The service ensured that quality of care was maintained through an effective monitoring system. The provider had appointed an area manager who currently supported the registered manager with the day to day running of the service and placed emphasis on continuous improvement. Steps had been taken to improve monitoring checks and the completion of audits, to identify any improvements that needed to be made. The registered manager completed daily and weekly checks across the service and updated a 'progress plan' on an on-going basis, monitoring each action that had been identified until completion. The area manager complemented this with a monthly audit that covered every aspect of the home, checking compliance with regulations. As a result of these monitoring systems, shortfalls that had been identified had been remedied. For example, all care plans had been reviewed; menu boards had been displayed; a role of keyworkers had been developed; the system to monitor falls in the service had been improved and incidence of falls had reduced as an outcome.

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed at handovers to ensure continuity of personalised care. The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted on, such as new staff badges, a more varied programme of activities and improved displays of information in the service. The results of a quality survey dated October 2016 indicated that people, families and professionals were positive about the service and of its management. The area manager actively researched websites and publications specialised in dementia care to keep abreast of any developments and external resources.

The provider was actively involved with the service and told us , "We strive to work a more integrated staff approach to care." Staff had received increased training and one to one support to that effect. As a result of a staff satisfaction survey, staffing levels had been increased; the time staff spent washing-up was reduced so they could spend more time with people. There was increased rigour in assessment of referrals, including of people returning from hospital stays, to avoid admitting people with nursing or complex needs, to ensure

that people's individual needs could be met confidently by staff.