

HC-One No.2 Limited

Hartford Court

Inspection report

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Date of inspection visit:
17 January 2023
19 January 2023

Date of publication:
06 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hartford Court is a residential care home providing accommodation and personal care for up to 68 people, some of whom were living with dementia. At the time of our inspection there were 41 people using the service.

People's experience of using this service and what we found

People said they received safe care. Since the last inspection systems to monitor people's safety had improved and risks were documented, and work continued.

Staff knew people well and were able to respond to their individual needs in a timely manner.

Staff knew how to raise safeguarding concerns and lessons were learnt when things went wrong.

Robust recruitment procedures were in place and there were suitable staffing levels, although we have made a recommendation about this. Staff had the necessary skills to carry out their roles and felt supported.

Medicines were managed safely. People had access to healthcare services and staff worked proactively with other organisations. The home was clean and well maintained, including fire safety measures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported with their dietary requirements and had drinks when required. A good range of activities took place, but more focused stimulation was needed for some people with complex needs. We have made a recommendation about this.

Quality assurance checks were in place to continually monitor the performance of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 May 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider strengthen their paperwork relating to the Mental Capacity Act, that staffing levels were closely monitored and visiting professionals guidance was reviewed. At this inspection we found the provider had acted on recommendations and had made improvements.

Why we inspected

We carried out an unannounced focused inspection of this service on 3 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartford Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hartford Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector, 1 specialist advisor who in this case specialised in mental health and behaviours which challenge; 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.

Service and service type

Hartford Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hartford Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, but an application had been submitted and was being processed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke or received communication via email from 15 people, 8 relatives, a GP, a district nurse, 2 care managers and the medicines optimisation team. We spoke with 17 staff, including the regional quality director, regional quality improvement lead, manager, senior care staff, care staff, kitchen, domestic and maintenance staff. We received further feedback via email from 2 staff.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files and 2 agency staff records with regards to recruitment and training. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider failed to medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, including storage, controlled drugs and returned medicines
- People received their medicines as prescribed. One staff member said, "[Person] won't take his prescribed codeine, so we've asked the GP to come and reassess the medication."
- There was a clear system in place for electronically recording medicine administration and regular stock checks were carried out to ensure errors were identified almost immediately.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure safety measures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed, monitored and reviewed. The manager continued a programme of work to enhance record keeping and ensure risk assessments were all up to date. There had been improvement to safety systems, including monitoring falls.
- Staff managed the safety of the living environment and equipment through quality assurance checks to minimise risk, this included fire safety.
- Two people who had recently moved into the home did not have a personal emergency evacuation plan. This was addressed straight away, and the manager told us this would be looked into as the documents should have been completed immediately on people's admission to the home.

Preventing and controlling infection

At the last inspection we made a recommendation the provider review government guidance regarding

visiting professionals. This had been addressed.

- The service was very clean and tidy. A relative said, "Well, we are very impressed. So clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current guidance.

Staffing and recruitment

- There were enough staff in the home to meet people's needs. We observed staff respond to people quickly and received feedback from people and relatives that staff were available when they needed assistance. One relative said, "I am in contact with them all the time, I have no worries, there seems enough staff, like everywhere they are a bit tight sometimes, but it doesn't seem to make any difference."
- On the upper floor, staff told us at times there was 1 less staff member than there should be due to staff shortages, and the senior care worker was often asked to cover 2 floors. We spoke to the management team about this and they assured us staffing levels on the top floor should be 3 care workers and 1 senior care worker.

We recommend the provider review staffing levels, particularly on the upper floor to ensure enough staff on duty to meet people's needs.

- Staff were recruited safely. Recruitment checks were carried out before staff were appointed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to promote people's safety. Staff had been trained and were supported to report concerns. Any issues reported were acted on.
- People and their relatives said staff kept people safe. One person said, "I was in another home and it was appalling. I'm so glad I came here, I'm much safer here; they know what to do."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Systems were in place to monitor accidents and incidents to look for any patterns or trends. Falls, pressure damage and weight loss were monitored in the same way.
- Lessons learnt from the home or the provider's other homes were shared with staff teams. Discussions took place with the aim of learning from mistakes or incidents to try and reduce the risk of them occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection, the provider failed to ensure records were fully documented or reviewed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Documentation had improved. The manager was continuing to review care records to ensure they were fully reflective of the care people received.
- Staff supported people to eat and drink a healthy balanced diet, including those people with specific dietary needs. One person said, "Food is excellent, really nice." Another person said, "If you don't like it, they just fetch you something else."
- Referrals to dietitians and the Speech and Language Therapy team had been made when required, including where people were at risk of malnutrition.
- People were supported to access healthcare services and support when needed. One person said, "I don't need a Dr, but they would get me one if I needed it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, the provider failed to ensure records were fully documented or reviewed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to record how needs were met had improved and work was ongoing to review and update these.
- People's support needs and preferences had been considered. Care plans were in place which were person centred and helped staff to understand how people wanted to be cared for.

- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we made a recommendation the provider considers best practice guidance, and reviews and strengthens their documentation relating to the MCA.

At this inspection we found that the provider had acted on this recommendation and improvement had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of MCA. They completed mental capacity assessments and were completing best interests decisions for those people who lacked capacity.
- People were asked for their consent when care was delivered.
- DoLS applications were made and monitored appropriately.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs and was homely and inviting. A refurbishment programme had taken place and the home was very well decorated. One relative said, "It's like going into one of those McCarthy and Stone show apartments, very smart."
- People's bedrooms were personalised with items special to them, including pictures and ornaments. One person said about the maintenance person, "He's my hero, he came and helped sort out my room. He's smashing."
- There was good signage throughout the home to support people's orientation.

Staff support: induction, training, skills and experience

- Staff received regular supervisions now and told us they felt supported.
- An induction programme was in place, including for all agency staff.
- Staff completed a variety of ongoing training to enhance their skills. More advanced dementia training had been provided to further improve staff knowledge and skills. A relative said, "The staff are well trained." Another relative said, "There is a core of staff that really make this place, they really do. So kind and willing." A health care professional said, "We visit weekly. The staff have a caring ethos" and "Staff have the right attitude and right skills."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider failed to ensure systems were robust enough to oversee the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about roles and responsibilities. The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and a good oversight of the service they managed.
- The manager had applied to register with the CQC, and this was being processed.
- The provider and management team carried out regular audits to oversee the operation of the home and improve quality. Record keeping was still under review, but staff were knowledgeable about people's needs despite this. The manager told us records were their main priority.
- There were systems to continuously learn and improve the service. There were a range of action plans in place covering different aspect of the service. These were monitored by the provider to ensure progress was made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us there were avenues to share feedback with the management team, such as meetings and questionnaires. One relative said, "My relative loves it here, I've no worries."
- People admitted into the home were asked questions about how they wished to be supported. Families confirmed they were fully involved too. One person said, "They were very good when I came in and explained all sorts."
- Communication was reported to be good, including handovers between staff teams and newsletters. One relative said, "I am in contact with them all time and they do let me know if there is anything, so I have no worries, any problems they sort them out."
- Staff knew people well and reflected on people's preferences when considering the support they provided. During the inspection staff supported people to make choices and fully considered each person's individual

characteristics.

- Activities to engage people took place throughout the home. We discussed one floor at the home where people needed more tailored activities and stimulation. The manager said this was an area they were looking at.

We recommend the provider reviews activities to ensure there is more tailored stimulation for those people with more complex needs using best practice guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible within the service, approachable and took a genuine interest in what people, staff and people's family had to say. One staff member said about the manager, "They are firm but fair. They have definitely helped to improve the home."
- All of the staff we spoke with enjoyed working at the service, found their roles rewarding and placed people at the heart of everything they did.
- Staff told us they felt able to seek support when needed.
- We received positive feedback about the management team. "It's good to have a settled team now. They have been proactive in putting things right."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider and manager understood their duty of candour. They had notified CQC of all relevant events at the service as required. This also included apologies when things went wrong.

Working in partnership with others

- Staff had good relationships with other agencies or community groups, including, health care services, schools and local churches. Information and advice was used to develop care plans. One professional told us, "They listen to what we have advised and take on board recommendations."