Hartley House Limited

Hartley House Care Home

Inspection report

Hartley House
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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

About the service
Hartley House Care Home is a residential care home without nursing for 57 older people and younger adults. It can also accommodate people who live with dementia.

At this inspection there were 53 people living in the service. Most people lived with dementia some of whom had special communication needs.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person said, "I like the staff here and they're friendly." Another person who had special communication needs smiled and held hands with a member of care staff when we used signed-assisted language to ask them about their home. A relative said, "I think it's lovely here. Relaxed and friendly."

People were safeguarded from the risk of abuse and received safe care and treatment in line with national guidance. There were enough care staff on duty who had the knowledge and skills they needed. Safe recruitment practices were in place. Medicines were safely managed and lessons had been learned when things had gone wrong. Hygiene was promoted to prevent and control infection and people had been helped to quickly receive medical attention when necessary.

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

The accommodation was designed, adapted and maintained to meet people's needs and expectations.

People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care, had been given information in an accessible way and were supported to pursue their hobbies and interests. Complaints had been properly investigated and quickly resolved. People were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted. Regulatory requirements had been met and joint working was promoted.

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

Rating at last inspection

The last rating for this service was Good (published 17 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good
Is the service effective? The service was effective.	Good
Is the service caring? The service was caring	Good
Is the service responsive? The service was responsive	Good
Is the service well-led? The service was well-led.	Good

Hartley House Care Home

Detailed findings

Background to this inspection

The 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 checked whether the registered provider was 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.

Inspection team:
The inspection was completed by one inspector.

Service and service type
Hartley House Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The 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 information the registered provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people living in the service using sign-assisted language when necessary. We also met with two relatives.

We spoke with two care staff, two team leaders, a chef, the laundry manager and the wellbeing coordinator/floor manager. We also spoke with the registered manager and the managing director of Hartley House Ltd who operated the service.

We reviewed documents and records that described how care had been planned, delivered and evaluated for five people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, we 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 speak with us.

After the inspection
We spoke by telephone with a further three relatives so they could give us feedback about the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A relative said, "I call quite frequently to the home and I've never had any concerns as the staff are very kind."
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management
• People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using special hoists.
• People were helped to keep their skin healthy. When necessary people were provided with air mattresses reducing the risk of people developing sore skin. Also, care staff used low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence. They were discreetly assisted to visit the bathroom whenever they wished and were helped to use continence promotion aids in the right way. Also, care staff regularly checked to ensure people had not developed a urinary infection. A person said, "The staff help me lots with everything I need."
• Risks to people's health and safety had been reduced. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.

• There were written guidelines about the medicines prescribed for each person. Senior care staff who administered medicines had received training. We saw medicines being correctly administered so each person received the right medicine at the right time. A person said, "The staff give me my tablets on the dot."
• There were additional guidelines for senior care staff to follow when administering variable-dose

medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
• The registered manager regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment
• The registered manager had calculated how many care staff needed to be on duty taking into account the assistance provided for each person. Records showed planned shifts were being reliably filled. There were enough care staff to promptly give people they assistance they needed. These included getting up and going to bed, washing and dressing and safely moving about their home.
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so the registered manager could check their previous good conduct.

• Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

Preventing and controlling infection
• There were suitable measures to prevent and control infection. Care staff were correctly following guidance about how to maintain good standards of hygiene. A relative said, "There's the right balance here between being homely and hygienic."
• Care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.

Learning lessons when things go wrong
• Accidents had been analysed so lessons could be learned and improvements made. The registered manager established what had happened and what needed to be done to help people reduce the likelihood of the same thing reoccurring. An example was identifying places in the service where people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. An example was the assistance provided for a person who needed help from care staff to safely get out of bed without falling. With the person's agreement a special mat had been placed by their bed alerting care staff when the person stepped on it and needed assistance to stay safe.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager met each person before they moved into the service to give them information about Hartley House Care Home. They also completed an assessment of the care a person needed to ensure the service could meet their needs. An example was arranging for a person to have a low-rise bed available as soon as they moved into the service.
• The assessment examined the provision needed to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New care staff received introductory training before they provided people with care. Care staff had also received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Care staff regularly met with a senior colleague to review their work and to plan for their professional development.
• Care staff knew how to support each person in ways right for them. An example was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because another person had sat in an armchair in the lounge they wanted to use. A member of care staff quickly and gently intervened to prevent a dispute arising. They invited the person to sit in a nearby armchair after which the person was reassured and was pleased to accept a cup of tea.
• Care staff supported people to maintain good oral hygiene. They noted when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. When necessary people were helped to clean their teeth and had been supported to attend dental appointments. A relative said, "The care staff are attentive and they know what they're doing."

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is pretty good here and at night the staff will always make you a snack and a drink."
• People were free to dine in the privacy of their bedrooms if they wished. People who needed help to eat and drink enough were assisted by care staff.
• Care staff monitored people's body-weight so significant changes could be noted and referred to healthcare professionals for advice. Care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.

• Speech and language therapists had been contacted when people were at risk of choking. Care staff were following the advice they had been given including blending food and thickening drinks to make them easier and safer to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and when and how they wished to be assisted to bathe. A person said, "I choose what time to go to bed and what time I get up."
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. They had consulted with relatives and healthcare professionals about decisions such as a person having rails fitted to the side of their bed to reduce the risk of them falling.
• The registered manager had obtained authorisations when a person lacked mental capacity and needed to be deprived of their liberty to receive the care and treatment they needed. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs
• Most of the accommodation was on the ground floor. There were bannister rails in hallways, fixed frames around toilets and an accessible call bell system.
• Each person had their own bedroom some of which had a private bathroom. People had been encouraged to personalise their bedrooms by decorating and furnishing them as they wished.
• There was enough communal space and there were signs to help people find their way around.
• The accommodation was well decorated and homely in nature. The garden was well maintained and had attractive patio and seating areas.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Promoting people's privacy, dignity and independence

• People were positive about the care they received. A person went out of their way to hold the hand of a member of care when we used sign-assisted language to ask them about their care. A relative said, " I can't fault the staff. Although they're busy they put the residents first and are genuinely caring."

• People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair if they wished. People were also supported to be as independent as they wished. A person said, "I like to do things my own way, the staff know that and let me get on with it."

• People's right to privacy was respected and promoted. Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. Shared bathrooms, toilets and bedrooms had working locks on the doors.

• Care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had been supported to meet their spiritual needs by attending religious ceremonies held in the service. A person had been supported to have a personal keepsake in their bedroom to comfort them.

Supporting people to express their views and be involved in making decisions about their care

• People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a person who spent most of the day in their bedroom being asked by a member of care staff if they wanted to sit nearer to the window to look out on the birds in the garden.

• People had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

• Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care staff had consulted with each person about the care to be provided and had recorded the results in an individual care plan. When a person lacked mental capacity the registered manager had liaised with their relatives and healthcare professionals. Care plans were being regularly reviewed in consultation with each person and their representatives so they accurately reflected changing needs and wishes.
• People received personalised care. We saw people being supported to safely move about their home with assistance from one or two care staff depending on their mobility. Some people preferred to be supported to have a bath while others chose to have a shower. Some people wanted to be checked at night and left their bedroom door open, others did not want to be disturbed.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People had information presented to them in an accessible manner. Parts of care plans were written in a user-friendly way using an easy-read style with pictures and graphics. Care staff carried mobile devices with them and were able to show people information about the care they had agreed to receive.
• There was a written menu and we saw care staff chatting with people at meal times helping them decide which meal they wanted to have. A new pictorial menu was being prepared to further help people make choices about the meals they wanted to enjoy.
• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.
• The complaints procedure was written in an accessible way using larger print and graphics to make it easier to read. It explained how complaints could be raised and how they would be investigated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People had been supported to keep in touch with their families. With each person's agreement the registered manager and team leaders contacted family members to let them know about important developments in the care being provided. A relative said, "I like knowing how my family member is doing and the staff keep in touch with me about developments such as my family member needing to see their doctor." The service had an internet connection and so people could use emails and other media platforms

to keep in touch with their families.
• People were supported to pursue their hobbies and interests. The wellbeing coordinator/floor manager invited people to enjoy small group events including armchair exercises, board games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. A person said, "There seems to be something going on most days. You don't have to join in if you don't want to of course."
• People had been invited to contribute to themed events. They had been helped to prepare a large mural celebrating Remembrance Day. There were outside entertainers who called regularly to the service and trips out to local places of interest.

Improving care quality in response to complaints or concerns
• There was a complaints procedure reassuring people about their right to make a complaint. A relative said, "I'm made to feel welcome whenever I call to the service and the manager is lovely and very easy to talk to. She's just the sort of person you want to have running the service."
• There was a procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
• Records showed the service had not received any complaints since our last inspection visit remaining to be resolved.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life. There were arrangements for the service to hold 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.
• At the time of our inspection visit no one was receiving end of life care.

Good

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
• People and their relatives considered the service to be well run. A person said, "I think it's quite well run as it seems to be sorted on most days." A relative said, "Yes it's well run and you can tell the staff get on well together. There's good team work and the senior staff aren't forever barking orders at junior staff."
• Quality checks had been completed by the registered manager so people reliably received safe care and treatment meeting their needs and expectations. These checks included the delivery of care, management of medicines, learning lessons from incidents and health and safety.
• The managing director regularly called to the service to complete additional audits of how the service was running.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been invited to comment on their experience of living in the service. There were 'family and residents' forums' at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented including changes to the menu.
• Relatives had been invited to complete quality assurance questionnaires to give feedback about their experience of using the service. They were consistently positive in the comments they made.
• Members of staff had also been offered the opportunity to comment about working in the service. They said there was good morale in the service because they were well supported and treated as valuable team members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.
• Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat

people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had established a culture in the service that emphasised the importance of providing people with person-centred care. A relative said, "We chose Hartley House because we liked the atmosphere as soon as we walked in. It's quite a big place but it feels homely somehow. It's not at all regimented and days are different like in your own home."

• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.

• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with care.

• The registered manager attended a meeting with the managers of other services run by the registered provider. This was done to share and learn from examples of best practice in the provision of residential care for older people.