

Buckland Care Limited

# Hartwell Lodge Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Hartwell Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 32 older people across two adapted buildings. At the time of the inspection there were 29 people living in the home. The service had stopped provided nursing care since the last inspection and were supporting some people who lived with a learning disability or dementia.

People's experience of using the service:

- The provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement. At times there was a lack of clear and accurate records regarding people's medicines, mental capacity, support and any potential risks to them. The provider had not always notified CQC about important events that happened in the service which meant these could not be monitored.
- People told us there were not always enough staff at all times of the day and although we observed staff responded to people's needs promptly, people did not receive enough stimulation and engagement. We have made a recommendation about this. Activities needed to be more frequent and person-centred to meet people's social and emotional needs.
- Despite this, most people were happy living at Hartwell Lodge Residential Care Home and people told us they felt safe. People were supported by staff who were kind, caring and who mostly understood their likes, dislikes and preferences. Where they needed external health input they were supported to receive this. People were cared for by staff who were well supported and received appropriate training and supervision to meet people's needs effectively.
- People and their relatives knew the registered manager and felt able to speak to them if they had any concerns. Staff felt well supported by the registered manager and felt they had improved the culture of the service. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

Rating at last inspection:

Requires improvement (Report published 18 January 2018)

Why we inspected: This was a planned inspection based on our last rating. At the last inspection the provider was rated as Requires Improvement.

Follow up:

The service has a history of breaching legal requirements. It was rated Inadequate in March 2017. In September 2017 we found improvements had been made but not all legal requirements were met and the service was rated Requires Improvement. At the last inspection in December 2017 all legal requirements were met, however the service was rated Requires Improvement because further improvements were needed to embed the systems in place to ensure a quality service was being delivered. At this inspection the

service did not meet all legal requirements and has been rated Requires Improvement.

Because of the history of the service and as this is the third consecutive time this service has been rated as Requires Improvement, CQC will propose to take regulatory action. Full information about the CQC's regulatory response to the concerns found during the inspection is added to reports after any representations and appeals have been concluded.

## 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 not always safe

Details are in our findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective

Details are in our findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring

Details are in our findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive

Details are in our findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our findings below.

**Requires Improvement** ●

# Hartwell Lodge Residential 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 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.

#### Inspection team:

Two inspectors and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people.

#### Service and service type

Hartwell Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 29 people were living there.

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

We inspected Hartwell Lodge Residential Home on 30 and 31 January 2019. The inspection was unannounced.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications

received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the provider information return. This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, three relatives and one health professional. We spoke with the registered manager, the nominated individual and six members of staff. We looked at the care records for six people and the medicine records for eight people, five staff recruitment records; staff supervision and training records and records relating to the quality and management of the service.

During the inspection we requested information including policies and procedures, the homes action plan and the training matrix which was received after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People, relatives and staff told us they thought the service was safe. One relative told us, "(Name) is much safer here than when he was at home." Despite people's positive comments, we found areas of the service that were not always safe. There were not always enough staff to meet people's needs and records regarding medicines and risk management needed improving.

Staffing levels:

- The deployment of staff did not meet people's needs at all times. Although rotas demonstrated that there were sufficient staff on duty according to the dependency tool, people told us there was not always enough staff at certain times of the day. Comments included, "I think there are enough staff, at certain times they may be pushed; earlier mornings, during meals and at night.", "Sometimes there are enough [staff], sometimes they are really short. Bed-times and hand-overs are worst" and "There is always shouting and yelling. Yesterday tea time was awful and there was no one about to help."
- Our observations demonstrated that staff responded to people's needs promptly, however this left other people with long periods of having no interaction from staff. Whilst people's personal care needs were acted on promptly, we have reported the shortfalls in meeting people's emotional and social needs in the responsive domain.
- We recommend the provider develops a system to ensure the numbers and deployment of staff are appropriate for the needs of the people living in the home at all times of the day.
- The provider was in the process of recruiting new staff to fill vacancies. Agency staff were used in the interim and the registered manager and staff told us they used the same agency staff regularly to provide continuity for people.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Assessing risk, safety monitoring and management:

- The provider assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility, choking and skin integrity. Most risk assessments were detailed and reflective of people's needs. However, we identified that falls risk assessments were not always updated when a person's needs had changed, for example, when a person had fallen. We discussed our concerns with the registered manager who addressed this on the day of the inspection.
- Guidance was usually followed when people were identified as being at risk. For example, one person needed their meals presented in a specific way because they were at risk of choking and we saw this was done. However, records demonstrated that one person was at risk of malnutrition and the guidance stated they should be weighed weekly but they were only being weighed monthly. Despite this, we saw that the person remained at a stable weight.
- Staff were knowledgeable about people's needs and the plans to manage the associated risks.

Using medicines safely:

- The provider used an electronic medicine system. We identified some discrepancies between the number of tablets recorded on the Medication Administration Records (MAR) and the number of tablets counted. The provider's internal medicine audit failed to identify this shortfall.
- The registered manager investigated this following our inspection and informed us of their findings. They concluded the person had received their medicines and this was a recording error. They told us they would increase the auditing of medicines.
- Protocols were in place to guide staff on the use of medicines prescribed 'as required'.
- Arrangements for ordering, receiving, storage and disposing medicines were safe.
- Staff completed medicines training and their competencies had been checked.

Systems and processes to protect people from abuse:

- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.
- Records of investigations into concerns were maintained and the local authority were informed as appropriate.

Preventing and controlling infection:

- People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was clean were completed.
- The environment was clean and free from bad odours.
- We saw care staff followed best practice guidance by wearing personal protective equipment (PPE) and washing their hands appropriately.

Learning lessons when things go wrong:

- There was a system in place for staff to record accidents and incidents. The registered manager had investigated the accidents and incidents that were recorded.
- An analysis of these took place and trends and patterns were identified. For example, we saw that one person had fallen numerous times and the registered manager had put measures in place to reduce the risk of them falling in the future. They had sought the assistance of external healthcare professionals and communicated the changes for the person's care to the staff team.



## Is the service effective?

### Our findings

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

People's outcomes were not consistently good. The provider did not always follow the principles of the Mental Capacity Act 2005 and the environment needed to be improved to make it dementia friendly. People were positive about the food and drink and staff were well supported through training and supervision.

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

- 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 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were.
- At the last inspection in December 2017, records relating to consent and capacity needed improvement. At this inspection, we found they still needed some improvement. One person did not have a mental capacity assessment in place to assess their capacity in relation to their living arrangements. They told us they may wish to live in alternative accommodation. The registered manager and the person's relative told us that this person may have said this due to their condition. However, there were no records of consent and a capacity assessment had not been carried out.
- The provider had not applied for a DoLS for this person. When we asked the registered manager whether they thought they needed one, they replied, "Yes, maybe, but [Name] didn't have one in the last home". The registered manager told us that the person never attempted to leave the home on their own but they would not be comfortable if they did. This meant this person could potentially be unlawfully deprived of their liberty. The registered manager confirmed the appropriate records had been put in place following the inspection.
- Records for people were sometimes contradictory. For example, one person had signed to say they could make their own decisions about how they received care and support but their capacity assessment regarding personal care stated they lacked capacity.
- The failure to maintain clear and contemporaneous records in respect of each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We saw from other people's records that they had consented to care and support at Hartwell Lodge and appropriate mental capacity assessments had been recorded. Best interest meetings had taken place where people lacked capacity to make a particular decision. DoLS had also been applied for where appropriate for other people who lived in the service. Staff had a good understanding of the how to apply the principles of the MCA in their day to day work and they knew who had a DoLS in place.

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

- The adaptation of the premises was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to a garden. People had their own rooms and were able to personalise these as they wished.
- The environment was warm, bright and welcoming.
- Some of the people who lived at Hartwell Lodge lived with dementia. Some signage was in place to help people orientate themselves but more signs were needed at an appropriate height and at key decision points around the service. To ensure the design of the environment met the needs of people living with dementia more was needed to achieve this. For example, best practice guidance states that using different colours to distinguish areas and using sensory and comfort items to stimulate thoughts and memories are important when caring for people with dementia. One person who lived with dementia expressed they liked to be busy with their hands but a lack of sensory objects available meant they were unable to do this.
- We recommend the provider considers current best practice guidance on providing a dementia friendly environment to meet the specialist needs of people living with dementia.

Eating, drinking, balanced diet

- People had input into menu planning. People were offered a choice of food and drink and we observed throughout the inspection that people received a variety of food and drink according to their preferences.
- People were complimentary about the food. Comments included "The food is good" and "I enjoyed the meal, the food is always nice here."
- We observed lunchtime on the first day of inspection. Some people ate in the dining room, others in the lounge and some in their own rooms according to their preference. The experience was a social occasion for people who ate in the dining room, however, for people who ate in the lounge, there was a lack of social interaction.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

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

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Nationally recognised assessment tools were used to determine people's support needs and there was guidance for staff in people's files which reflected good practice guidance. An example of this was advice from the speech and language therapists when people were at risk of choking.

Staff skills, knowledge and experience:

- At the last inspection in December 2017, we found staff had not received training to ensure risks for people were understood. At this inspection, people were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role.
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

Staff providing consistent, effective, timely care:

- Staff worked well with external professionals to ensure people had access to health services and had their health care needs met. The service had stopped supporting people with nursing needs and therefore needed to work with the community nurses when people needed extra support. One healthcare professional who supported the service told us, "It's a really good partnership".
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were mostly treated with dignity and respect although people's social and emotional needs were not always met. People were involved in decisions about their care.

Ensuring people are well treated and supported:

- All people with the exception of one were complimentary about the staff. One person told us, "The staff are very nice and helpful." However, one person told us, "They (staff) never talk to me and they dismiss my feelings."
- Staff were often task orientated and although we observed some instances where staff interacted between care tasks, the delivery of care was often task centred and failed to consistently meet people's emotional and social needs. Some people sat for long periods of time without interaction from staff. One person who stayed in their room expressed a wish for staff to talk to them more. The registered manager told us they would be recruiting a new activities coordinator to address the lack of social interaction.
- When staff did interact with people, it was in a positive and compassionate manner. Staff knew people well and displayed warm and familiar interactions with people. For example, we observed one staff member and a person whistling to each other and the person clearly enjoyed this. Staff consistently took care to ask permission before intervening or assisting people.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. Information about people's diverse needs was explored during their pre-assessment and then recorded in their care plans. The registered manager told us that staff were recruited in line with values that ensured people were treated fairly and with respect and staff received training in equality and diversity.
- Staff made people feel they mattered by celebrating important events, such as birthdays and we observed that one person had a 'Happy Birthday' sign on their door.
- People were supported to maintain relationships with family and those important to them.

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

- We saw people were offered choice in everyday situations such as where would you like to sit and what would you like to eat. Care plans contained guidance for staff which promoted choice for people, for example, '(Name) will choose what clothes to wear'.
- People were supported to continue in their faith and a regular service was held in the home.
- The service was working within the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they used reputable guidance to help ensure people received information in a way they could understand. Information about people's communication needs was in care plans. Staff understood people's communication needs and used this so people could make decisions in their day to day life.

Respecting and promoting people's privacy, dignity and independence:

- People confirmed they were treated with dignity and respect and their privacy was protected during personal care. One person told us, "I can shut my door. The bathroom door is always kept closed. Sometimes people have screens around them in the lounge".
- However, we saw that personal information about people was left in a communal area. This meant that people's right to privacy and confidentiality was compromised. We discussed this with the registered manager and they told us after the inspection that they had moved this information to a secure place.
- Guidance in care plans promoted independence. For example, '(Name) can wash their face and hands if you give them the flannel'.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs, wishes and preferences were not always reflected in their care plans. Activities were limited and did not always provide meaningful interaction.

Personalised care:

- People were not always involved in reviewing their care plans and communicating their preferences for how they were supported. For example, one person told us, "I do not like having a male carer for my personal care". We asked if they had told anyone and they replied, "I have not but I haven't been asked".
- The majority of care plans were detailed and personalised, containing information about people's needs and preferences. However, some details were missing from care plans. For example, we saw from a document that one person did not like showers, however, this was not recorded in their care plan. The registered manager confirmed that this person did not have a shower but said they would update the care plan so staff unfamiliar with the person were aware.
- Staff demonstrated they knew people well and usually provided people with the support they needed and preferred.
- Although there was an activities programme in place and activities such as singers, bingo and pet therapy were on offer we found that activities needed improvement to be more creative, person centred and frequent.
- During the inspection we observed some people lacked things to do. We asked one person at 10:15am what they would do until bingo at 2:30pm and they replied, "I'll just sit here and wait".
- We asked people if they were happy with the activities on offer. Comments included, "Some of the activities are rubbish but some are good" and "There is not enough to do, TV that is all, I like "jigsaws, colouring, sometimes activities are good but not much of that at all".
- We discussed our concerns with the registered manager who told us they had plans in place to improve people's social engagement in the home. This included the recruitment of new activity coordinators. We saw improvements were beginning to be made. For example, the activities coordinator had arranged for one person to visit the local stables and to receive a visit from the local police, this was because of their previous occupation. Another person enjoyed gardening and some raised flower beds had been purchased so the person could continue with this interest.

Improving care quality in response to complaints or concerns:

- A system was in place for people and their representative to raise concerns and make complaints. The complaints procedure was displayed in the home for people in an accessible picture format.
- People told us they knew how to complain and complaints were handled well. One person told us, "I have complained to the staff before. They passed it onto the manager who dealt with it. I am happy with the complaints procedure".
- We viewed the complaints file and these records demonstrated that complaints were investigated and resolved for people. The registered manager told us they learnt from complaints and used these to improve the service.

End of life care and support:

- The service supported people and their families in relation to end of life care. People's preferences and choices were detailed in care plans if they wished.
- The registered manager engaged with external healthcare professionals effectively to ensure people's end of life care needs were met. Anticipatory or 'just in case' medicines were on the premises to ensure people's symptoms could be managed as they arose and there was no delay in treatment.
- Staff had received training in end of life care and the registered manager had undertaken the six steps programme. This was a nationally accredited course which aims to develop staff knowledge and enhances end of life care for people.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Quality assurance systems were in place but these did not always pick up on the concerns identified at inspection. Improvements were needed with records. People, staff, relatives and health professionals thought the service was well led.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care:

- Services that provide health and social care to people are required to inform CQC of important events that happen in the form of a notification. Important events include allegations of abuse and events that stop the service from running effectively. The provider had not always notified us of events that they were required to do so by law. This meant that the Commission had been unable to monitor the concerns and consider any follow up action that may have been required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- At the last inspection in December 2017, improvements were needed with the quality assurance systems in the service. At this inspection we found improvements were still needed.
- Quality assurance systems were in place to monitor and improve the safety and quality of the service being delivered and the running of the home. These included a range of audits such as care plan, medicine and infection control audits. When actions for improvement were identified these were carried out and checked for completion. However, we found that this system had not identified all the concerns and areas for improvement that we found during this inspection. For example, providing a dementia friendly environment, the sufficient deployment of staff and maintaining accurate records for people.
- The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.
- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the operations manager. Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- Although the registered manager demonstrated commitment to the service and was working hard to make improvements at Hartwell Lodge, this was the third consecutive rating of Requires Improvement.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People did not always receive person-centred care at Hartwell Lodge. However, the registered manager was committed to making improvements in this area and people and staff told us about the improvements. One staff member said, "The manager focuses on person centred care" and "When [registered manager] took over, it got better. She is strict but fair, it's gone from being an institution to a home. She knows her

job."

- People, staff, relatives and health professionals were positive about Hartwell Lodge. We saw from a survey that a relative had written 'Want 5 stars, come to Hartwell Lodge' and a member of staff told us, "I've got my room booked, I'd live here if I needed a home". A health professional told us that people received high quality care and support in relation to their care needs, particularly with areas such as skin integrity, falls and end of life care.
- The provider had a policy about the duty of candour and although this had not needed to be engaged since the last inspection the registered manager had a good understanding of it.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- People's views were actively sought and they were encouraged to do this during meetings and surveys. Feedback received was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, some people had requested certain meals to be put on the menu and we saw these had been added. A person told us, "[Registered Manager] is very open, approachable and responds straight away to any request". Records demonstrated that people had been invited to take part in upcoming interviews for new staff.
- Staff, health professionals and relatives were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- We found the registered manager and management team worked closely with other professionals to ensure people received effective, joined up care. A health professional we spoke with was positive about the approach of the registered manager and told us, "The manager is really nice, she asks questions, gets involved, will ask for training and support. She emails me with queries".



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The failure to notify the Commission without delay of relevant incidents. Regulation 18(1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  A failure to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2)(a)(f)  The failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (2)(c)

### **The enforcement action we took:**

We served a warning notice which requires the provider to be compliant with this regulation by 13 June 2019. We will follow this up.