

Hartwood Care Limited

# Hartwood House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hartwood House is care home registered to provide personal care for up to 50 older people who may be living with dementia. At the time of our inspection 35 people were using the service.

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

The management team explained they had faced a number of challenges since deregistering the nursing element of the service. They advised us communication between themselves and external professionals required improvement to ensure stronger collaborative working.

Staff were trained effectively in how to identify possible abuse and were confident the registered manager would investigate any concerns.

Care plans and risk assessments were in place to assist staff on how best to support people.

People were supported safely to manage their medicines.

The provider had effective measures in place to reduce the possibility or spread of infection.

The provider had effective recruitment procedures in place.

Suitable numbers of appropriately skilled, qualified and experienced staff were deployed to meet people's needs at all times.

Relatives, people and staff were complimentary about the leadership in the home.

Effective governance systems were in place to help identify areas for improvement.

People and relatives told us staff worked in partnership effectively with external organisations.

### Follow Up

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

### Why we inspected

We received concerns in relation to risk management, skin care, falls and communication. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions

were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. We carried out an unannounced comprehensive inspection of this service on 6 February 2018 and the report was published on 6 April 2018.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe.

Details are in our safe findings below.

At our last inspection we rated this key question requires improvement. At this inspection we have rated the service good.

### Is the service well-led?

Good ●

The service was safe.

Details are in our well led findings below.

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

# Hartwood House

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, a nurse advisor 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

Hartwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We received 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 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 seven people who used the service and 13 relatives about their experience of the care

provided. We spoke with eight members of staff, two team leaders, the registered manager and two care and quality managers. 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 talk with us.

We reviewed a range of records. This included eight people's care records and medication records. We looked at staff records in relation to recruitment and staff supervision and training records. We also viewed a variety of records relating to the management of the service, including policies and procedures, care audits, safeguarding records, complaints and action plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and we were provided with updates regarding partnership working with local authorities and external healthcare professionals.

# 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 requires improvement. At this inspection this key question has improved to good.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to recognise signs of any abuse.
- Staff knew what action to take to protect people, should they have any concerns for their safety.
- The provider had put policies and procedures in place to manage and review any safeguarding concerns, should these arise.
- Staff received training in respect of safeguarding and felt confident their manager would deal with any concerns raised.
- A relative said, "The staff are kind. I've not witnessed anything to suggest that they're not kind, polite and sincere. I've never seen anyone being abused or roughly treated. They're (people) always treated with dignity."

Assessing risk, safety monitoring and management

- We received information of concern from the general public and external healthcare professionals regarding skin care, falls and a lack of action from staff to monitor risk.
- Comments from relatives included, "In terms of falls, she has had a couple of falls, but that was when she first went in; but now she's ok. She doesn't have any bruises. The home is doing their best and now she knows that she needs to press the buzzer for help she's OK", "I have no cause for concern about my relative's safety; I think that she's exceptionally well looked after", "I have no safety concerns. She has a pressure mat in her room and raised rails on her bed. I'm pretty sure she has a risk assessment in place. She's only had about two falls in three years."
- Other comments included, "I have no concerns; I feel confident that she's safe. She has a sore on her heel. It's a bed sore. She has had it for about six to eight weeks. The district nurse is visiting to dress it. They're making sure that she's non weight bearing. She's only in her bed at night. She has cream on her legs. The ulcer is dressed, and it is getting better. They've put her on an air mattress now".  
"He gets bruises and little scrapes. They (the staff) deal with it straightaway".
- The management team explained there had been various challenges in working with professionals since they deregistered the nursing element of the service. After our inspection visit, the care and quality manager of Hartwood stated, "I want to share with you that we have a joint meeting at Hartwood House with the GP liaison nurse and area matron on the 4th July 2022. This will be a positive collaboration for all parties". The manager said, "If I can be perfectly honest with you there has been challenges with some professionals but I am confident we are doing everything we are supposed to be doing" and "We have had a recent inspection (not a CQC inspection) take place and there are some areas we can work on but it shows we are working well and we are dealing with risk".
- The manager was open with us and told us they had made a number of referrals to the local authority

resulting from concerns identified through their own governance systems as well as concerns raised from other areas. Whilst we did not investigate these concerns, we did view the records associated with some of the people concerned and we found their records to be detailed and reflective of their needs. Information provided to us during and after this inspection demonstrated the manager and staff were responsive to people's changing needs.

- Risks were assessed and appropriate plans were in place to reduce these risks for people. These were developed based on individual needs and provided a good level of guidance for staff. This included a variety of areas such as skin integrity, continence, malnutrition as well as more specific risks for individuals.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- There was a plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heatwaves, flood, fire or loss of services. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.
- Detailed records were in place to ensure people who were at risk of choking were assessed and supported appropriately. Where required, people were referred to a speech and language therapist (SALT). The service used the latest nutritional information using the International Dysphagia Diet Standardisation Initiative (IDDSI) this reflected current good practice guidance. Recommendations from the IDDSI provided information regarding the safest textures of foods, including modified foods, thickened liquids and puree foods. Staff spoken to were aware of the IDDSI descriptors and knew what food should look like. They could access this information easily via their hand-held devices. We observed people eating food that was safe and suitable for their needs. A relative said, "He sees a GP. He was assessed by the SALT team last week. He also sees the chiropodist. Another relative said, "Choking is a part of dads symptoms. The chef is outstanding. Dads food is pureed and presented in an outstanding way".
- People with special diets were catered for, for example where people had low Malnutrition Universal Screening Tool (MUST) scores, we observed toppers of cheese or cream were added to provide more calories. People who were diabetic were offered cakes and pudding with reduced sugar. The chef advised they would ensure the food presented similar so that people did not feel they were being treated differently.

#### Staffing and recruitment

- At the last inspection staff raised concerns about the number of staff deployed. At this inspection, we found staff were deployed effectively to meet people's needs.
- There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Using medicines safely

- At the last inspection we identified the management of medicines required improvement. At this inspection, we found improvements had been made. Comments from relatives included, "I've witnessed the medication round being done correctly. They're very good at referring her to the GP if they're worried", "He has liquid morphine daily because he has back pain due to his bowel cancer. It's done correctly" and "Mum has loads of medication. As far as I know it's done correctly. They keep me informed of any changes to her medication", "The GP called me today to explain what's been happening with mum. The liaison is excellent".
- People could be confident that medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Medicines were stored securely. The temperature of the medicine's storage was checked regularly to ensure medicines were stored at the correct temperature. Medicines that required extra control by law, were stored securely and regularly checked.
- Accurate records were maintained of medicines received into the service, administered and disposed of. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place. Staff ensured medicines were reviewed with people's GP's on a regular basis.
- Staff told us they received training in medicines administration and that their competence was assessed on a frequent basis and in line with national guidance.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

# 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 has remained the same.

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

- Comments from relatives included, "The manager is approachable. I've spoken to her a couple of times. When I phone, if I get the right person immediately, they will answer my questions. If I don't get the right person, they're not very good at calling me back", "The manager is approachable. I am confident to talk to her. I would recommend this home for your mum", "They have resident's meetings on Zoom. We can ask questions and they update us. It's nice to get to know other relatives and hear what they have to say", "It's a well-run home. The staff are caring. They know what mum likes. I mentioned mum liked to have a bath and they acted on that", "The manager is approachable; she's lovely. Don't change her. My aunt is happy at this home", "The manager is approachable, I have attended a relatives meeting. Suggestions are made. It's interesting to hear other relatives' points of view and concerns. We also get updates on what's happening now and, in the future".
- The day to day culture of the home was person centred and delivered by staff who cared about people's wellbeing. Staff demonstrated dedication and understanding in their roles. One visitor said, "The atmosphere here is just wonderful, I can't fault it at all. The environment is absolutely beautiful, it's first class".
- Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the services value base.
- During our inspection people participated in various activities including gardening, exercise and a quiz. Feedback from relatives supported an inclusive and person-centred culture. Comments included, "On VE day they had a lady come along to sing wartime songs, I've been to a Christmas carol concert, they have had a singer and a balloon sculpture person" and "We're going to the open day next week for the queens' celebrations", "Dad only likes it when the animals visit. It's the only organised activity that he joins in with. He used to be a farmer" and "They walk to the local church. They've made poppies, Easter cards and Easter bonnets".

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 management team understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.
- Records reviewed showed that when accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives. Comments from relatives included, "We have had concerns

about falls in the past, but we have no concerns now. Dad has no mobility and so is hoisted all of the time" and "They always call us if there are ever any problems, but we are happy now".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had strong oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the service.
- Governance arrangements were embedded and effective. Themes and trends were clearly identified, and corrective actions taken proactively when required.
- Regular senior leadership meetings took place to discuss the service, reviewing risks, policies and procedures, complaints and human resources. We saw detailed minutes and actions from these meetings, highlighting who was responsible for the action and the completion date.
- Staff attended regular handovers at various times of the day. Information was provided verbally by sharing up-to-date detail about people's physical, emotional and medical needs and any changes. It was clear that staff knew people, their lifestyles and their medical needs very well.

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

- People and relatives were encouraged to share their views on the care provided and a suggestions box was in place to support this. Staff gave us examples showing how suggestions people made regarding meals choices had been actioned.
- Relatives said they were invited to let staff know what they felt about the care provided.
- Staff's views on how people's care could be further developed had been obtained through reviews, surveys, team meetings and discussions with senior staff. Staff told us these included suggestions to further develop people's care plans, as people's needs changed.

Continuous learning and improving care

- The registered manager and the senior team reviewed all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement. Some relatives told us staff deployment and staff numbers had been an issue but felt management had taken the appropriate steps to resolve the issues.

Working in partnership with others

- The home worked in partnership with others. When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from GP and speech and language therapist (SALT) regarding people's diet, their risk of developing skin damage and in respect of falls. The management team told us they wanted to improve communication with the GP's and the district nurses.