South Coast Care Homes Limited

Hartfield House Rest Home

Inspection report

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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

We inspected Hartfield House on 7 and 9 August 2018. The first day of the inspection was unannounced. We previously inspected the home in May 2017 where we found improvements were needed to ensure risks associated with peoples' complex health needs were well managed. We also found improvements were needed to ensure daily notes and other documentation was consistently completed. At this inspection we found improvements had been made.

Hartfield 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.

Hartfield House provides accommodation and personal care for up to 20 people in one adapted building. At the time of the inspection 19 people were living at the home. People living at the home were older people who had a range of needs associated with old age and their health. Some people were living with the early stages of dementia.

People were supported by staff who were kind and caring. They knew people well and had a good understanding of their health and care needs, choices and interests. Staff worked hard to ensure people received good quality care that was person-centred. There were a range of activities taking place and people were supported to keep busy and engaged throughout the day. They were able to continue their own interests and hobbies. People were relaxed and comfortable in the company of staff. People's dignity and privacy was respected. The company statement, "Care like family" was evident throughout the inspection.

Before people moved into the home assessments were completed. This helped ensure their needs and choices could be met. Information from these assessments were then used to develop care plans and risk assessments. These were regularly reviewed. Staff had a good understanding of people's needs and the risks associated with supporting people and these were well managed.

There were enough staff working each day to meet people's needs. Safe recruitment practices were followed to ensure staff were appropriate to work at the home. Staff had received training they needed and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health problems such as diabetes. Training was regularly updated.

People were supported to eat and drink a variety of freshly cooked meals and drinks each day. Their health was monitored and staff responded when health needs changed by contacting appropriate healthcare professionals.

Systems were in place to ensure accidents and incidents were well managed and actions taken to prevent reoccurrence. Staff understood how to safeguard people from the risk of abuse and discrimination. Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the legal requirements.

People and staff were asked for their opinions on the service and whether they were happy at the home. Staff felt supported within their roles and told us the registered manager had an 'open door' policy and they could discuss any concerns or problems with them.

There were a range of audits and checks in place. These were used to identify where improvements were needed across the service. There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

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.

Risks to people were well managed and the home was clean and tidy throughout.

Systems were in place to ensure accidents and incidents were well managed.

Staff understood how to safeguard people from the risk of abuse and discrimination.

There were enough staff, who had been appropriately recruited, working at the home.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the legal requirements.

Staff received training and support which enabled them to provide appropriate care and support to people. This was regularly updated so staff had the knowledge to effectively meet people's needs.

People's health needs were met and they were able to make choices about what they wanted to eat and drink each day.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff knew people well and were committed to providing care and support that people required.

People were enabled to make decisions and choices about what they done each day.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received person-centred care that met their individual needs and choices. Staff knew people well and understood their care and support needs.

Activities were taking place throughout the day and people were supported to maintain their own hobbies and interests.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Good

The service was well-led.

The registered manager was well thought of and supportive to people and staff.

Quality assurance systems identified where improvements were needed across the service.

Systems were in place to gather feedback from people and staff and this was used to improve the service.

Hartfield House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 9 August 2018. The first day of the inspection was unannounced. The inspection was carried out by an inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, three visitors, and eight staff members, this included the registered manager and provider. We also spoke with three health care professionals who visited the service.

We spent time observing people in areas throughout the home and were able to see the interactions between people and staff. We watched how people were being supported by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

At our last inspection in May 2017 we found improvements were needed to ensure risks associated with peoples' complex health needs, specifically diabetes, were well managed. At this inspection we found improvements had been made and people's health needs were managed safely.

People who were living with diabetes had their health conditions safely managed. Individual protocols had been developed with appropriate healthcare professionals. These provided clear guidance for staff to follow. Staff had received appropriate training and had their competencies assessed to demonstrate they had the appropriate knowledge and skills to support people with diabetes safely. Where staff were responsible for ensuring the person received the prescribed insulin this had been done appropriately.

Staff were required to take and record the results of people's blood sugar levels. For one person this was to determine if extra insulin was needed. If extra medicine was required further tests were needed to determine if the extra dose had been effective. We saw these blood tests had been taken and recorded in line with each person's protocol. Staff were able to tell us how they supported people with diabetes. They demonstrated a good understanding of the risks and what actions to take to reduce these risks. Visiting healthcare professionals were involved in supporting people with their diabetes and staff had contacted them appropriately when concerns had arisen.

Other risks to people were also managed safely. People told us staff supported them to feel safe at the home. One person said, "I can't go outside on my own due to my risk of falling. So, staff take me into the garden when I like." Another person told us, "They (staff) have made it plain I must ring the bell for even simple things I can't manage, like opening and closing the window."

Staff knew people well and were aware of the risks associated with supporting people. Risk assessments were used to identify and reduce risks, these included pressure areas, mobility and smoking. Risks assessments provided guidance for staff in identifying risks and what measures were in place to reduce these. Staff understood the importance of supporting people to take well thought out risks to retain their independence and individuality. One person told us, "We came here to be looked after and kept safe and that's exactly what they do, without interfering." Some people smoked and different measures were in place for each person. This included one person using a smoking apron to protect themselves.

Accidents and incidents were well managed. Following an accident, incident or fall appropriate action was taken and recorded to ensure people's safety. This included a description of the incident, what action had been taken immediately and any follow up actions to prevent a reoccurrence. Information from incidents was analysed to identify any themes or trends. Information was also shared with staff to ensure they were aware of what had happened and any changes to people's support needs.

Environmental and equipment risks were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Regular fire checks took place and this included

fire drills for staff. People told us they had been informed of what to do in case of fire. One person said, "We've been told all about what to do if the fire alarm goes." This person was able to describe the procedures to us.

Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment. There was an ongoing maintenance and a maintenance schedule. The registered manager and provider were aware of areas where improvements were needed. They told us they were currently working to address issues identified within the fire risk assessment.

The home and its equipment were clean and maintained to a high standard throughout. One person said, "All the home is clean." There was an infection control policy and other related policies in place. Protective Personal Equipment (PPE) such as aprons and gloves were available and used during the inspection. Hand-washing facilities and hand sanitisers were available throughout the home. The laundry had appropriate systems and equipment to clean soiled washing. A member of care staff had the role of infection control lead. They were responsible for ensuring all staff were aware of their responsibilities and infection control procedures were followed. They also completed a series of audits and checks including hand-washing checks. Where concerns were identified, for example, where staff had not washed their hands to a satisfactory standard, appropriate actions were taken.

People received their medicines as prescribed because safe systems were in place. Only staff who had received medicine training and completed competency assessments were able to give medicines. One person told us, "I get my tablets when I'm supposed to." Medicines were ordered, stored, administered and disposed of safely. The medicine administration records (MAR) showed people had received the medicines prescribed. They included people's photographs, and any allergies.

There were a range of checks completed and these included storage temperature checks. Staff told us in the recent hot weather the temperature in the medicine storage area had increased. Therefore, an air conditioning unit had been installed to maintain the correct temperature. Staff had a good understanding of how people liked to take their medicines and supported them to so.

Some people had been prescribed 'as required' (PRN) medicines. People took these when they needed them, for example, if they were in pain. Protocols were in place for these medicines and to inform staff about when and why the person may need them. Some people had been prescribed body creams. There were body maps in place so that staff knew where the cream should be applied.

People told us there were enough staff to support them safely. One person said, "I always have the call bell near, and when I use it I never have to wait long. It's a really safe place. There are staff near all the time, you just have to ring the bell for them to come." Throughout the inspection we saw that people were attended to in a timely way. Their needs were addressed and staff supported them in an unhurried manner. The registered manager told us staffing levels were based on the needs of people living at Hartfield House. They gave examples of when extra staff had been deployed, such as when a person required one to one support due to their health needs.

People were protected, as far as possible, by a safe staff recruitment practice. Staff files included the relevant information to ensure all staff were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work at the home.

Staff received regular safeguarding training and understood what actions to take if they believed someone was at risk of harm or discrimination. They would report their concerns to the most senior person on duty,

the registered manager or the provider. Where safeguarding concerns had been identified they had been reported to the local safeguarding team. Information from safeguarding concerns and incidents was shared with staff. This helped to ensure staff were aware of what had happened and any changes to people's support needs or changes to their work. This ensured, as far as possible, lessons had been learnt to prevent a similar incident happening again.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills to look after them. One person said, "All the staff have experience and know how to look after me." Another person told us, "Staff have talked about their training, and they show they know what they are doing." A further person said, "The staff know people well and how to look after them. They definitely understand my (health condition) and the issues it can cause me. Living here has helped my self-control a lot."

When staff started work at the home they completed an induction period. This included an introduction to the home, fire procedures, how the call bells worked and general day to day running of the home. They read the policies and were introduced to people who lived at Hartfield House. They completed training and this include moving and handling and infection control. Staff also spent time shadowing regular staff who worked at the home, until they were competent to provide care unsupervised. Induction checklists were in place and these were signed by the new staff member and the staff member who was supporting them through induction. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff completed regular training and updates to ensure they had the knowledge and skills to support people. Training included, person-centred care, privacy and dignity, equality and diversity, moving and handling, infection control and safeguarding. Training was provided face to face. Staff told us they appreciated this as they were able to discuss real-life situations and ensure they had understood the information. The training program was being continually developed to meet people's needs. Falls training, hydration and mouthcare were booked for later in the year. The registered manager told us they would be introducing formal observations of staff following training to demonstrate competency and identify areas for further development.

Staff also received training specifically to meet the needs of people living at the home. Staff had received diabetes training, this included the administration of insulin and checking blood sugar levels. Competencies had been checked to ensure staff had the right skills and understanding.
Although senior care staff were responsible for providing this complex care all staff were able to attend the training. This helped to ensure staff understood the support needs of people living with diabetes. Staff spoke knowledgeably about the support they provided for people.

There was a supervision program and staff received regular supervision. This helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support. Staff told us they felt supported and could discuss any concerns with the registered manager.

People's needs were assessed and care and support was delivered in line with current legislation and evidence-based guidance. People's skin integrity and their risk of developing pressure wounds had been

assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

People were supported to maintain a healthy, nutritious diet. They were provided with a choice of freshly cooked meals, drinks and snacks throughout the day and the menu was displayed in the dining room and reception area. There was a choice of meals at each mealtime and alternatives were provided if people wished for something different. One person told us, "I think the food is marvellous. There's always an alternative. I don't like curry, but it's good that people can enjoy a good curry while I will have cold meat and salad." Records showed people were regularly asked for their feedback about meals to assess they were what people enjoyed.

Most people ate their lunch in the dining room but were able to eat where they wished. We saw a number of people were using the dining room at breakfast time. The registered manager told us this had been a recent change and was being encouraged, although people's choices were respected. One person said, "I'm kept supplied with drinks and can ask for extra any time. I have breakfast and tea in my room and lunch in the dining room; it's all down to choice for everyone." The dining room was well presented with table cloths, napkins, placemats and condiments. There was a cold water machine and a variety of soft drinks always available to people. Mealtimes were a relaxed and sociable occasion.

Nutritional assessments were in place and people were weighed regularly. This helped identify if people were at risk of malnutrition or dehydration or required a specialised diet. If people had lost weight or required professional support the GP was contacted for advice. When people had been referred to a dietician their advice was followed. Information about people's dietary requirements, likes and dislikes or any allergies were in their care plans and in the kitchen so staff were aware.

People were supported to maintain good health. They received on-going healthcare support and could see their GP when they wished and when there was a change in their health. One person told us, "I haven't been very well and they got the doctor in for me, they have kept checking on me." Staff were attentive to changes in people's health. Discussions, and records seen confirmed staff regularly liaised with a wide variety of health care professionals. Healthcare professionals told us referrals made were appropriate and staff ensured people received appropriate support in a timely way.

People's needs were met through the design of the premises. One person told us how the home met their needs. They said, "The lounge works well, it's a natural meeting place. Some people are there every day some people pick and choose. The TV is mostly on but it goes off if there's an event on. The dining room is a good place if you want to talk quietly. Also, my own room is just how I want it. So, with my visitors there's never any problem where to go." Hartfield House had been adapted to be used as a care home. There was a passenger lift which provided level access throughout the home. There were adapted bathrooms and toilets to support people. People were able to move freely around the home as they wished. There was outside seating areas at the front and rear of the home. Portable ramps were available to enable people with reduced mobility to get in and outdoors easily. Notice boards in the communal rooms and hallway had been positioned at wheelchair height which meant everybody could see them easily. They were up to date and included information about up-coming events and activities.

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. Mental capacity assessments were in place however, these were not decision specific. This had been identified before the inspection and the registered manager was in the process of reviewing these.

Throughout the inspection the registered manager and staff told us how decisions made were made in people's best interests and as least restrictive as possible. They told us about one person who had variable capacity and liked to go out. Discussions had taken place with the person, their family, social worker and staff. The decision had been made, in the person's best interest, to provide the person with a tracking device. This meant they could go out when they wanted to. If they did not return then their whereabouts could be found using a computerised system. There were clear guidelines about how and when staff should access the tracking system. The person told us, "I'm not sure what I think of it, it seems they are keeping an eye on me, but it does make me safe if I should fall or be in a difficult situation. I have been very glad of it and I go where I want to." Throughout the inspection we observed staff asking people's consent prior to offering care and support and respected their decisions. One person told us, "Staff explain everything they do and make sure I agree before doing anything."

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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. There were two DoLS authorisations in place and copies of the applications and authorisations were available to staff.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. The company statement was, "We care like family" and we saw that philosophy was evident throughout the inspection. The emphasis was on providing a home where people could live as if they were with a family. One person told us, "They (staff) treat you as if you are one of their family." A staff member said, "I look on these people as part of my family now."

Staff spoke about people with affection and respect. One person told us, "They (staff) all have that caring streak." Staff knew people well and were able to tell us about people's care needs, their personal histories and what was important to them. One person told us, "I have got to know the staff and they have got to know me, they take a real interest. One of them last week took time to think how to display my birthday cards so I can enjoy looking at them and showing them to my visitors." Another person was telling us they received the support they needed and said, "They (staff) just seem to know what to do as things arise. But that includes going to the trouble to get to know you."

Interactions between staff and people were respectful and appropriate. One person told us, "All the staff have so much patience. They all understand my difficulties and needs." Staff had time for people and it was clear people and staff knew each other well, and this included private jokes between them. We heard friendly conversation and laughter throughout the inspection. When staff spoke to us about people they were consistently respectful and compassionate. When they offered people support or where near people they asked if there was anything else they could do whilst with them.

People's dignity was maintained. Staff knocked at bedroom doors before entering and ensured doors and curtains were closed when supporting people with personal care. People were dressed in clothes that were well laundered and of their own choice. One person told us, "All the staff treat me well. We are spoilt. One member of staff always does my nails for me, she is good at it." People's bedrooms were personalised with their possessions such as personal photographs and mementos. This helped to make people's bedrooms individual and homely. One person told us, "Coming here all happened in a rush for me but they asked if I'd like to bring things of mine from my home and have helped me make this like home, it's a top-notch room. I go out into the garden any time I choose, staff will help me and I take my call bell with me."

People were supported to retain their independence, as far as possible, and make their own decisions and choices. One person told us, "I had come to the decision I needed to be looked after. I looked at 13 homes and chose this as the best. I get up when I want and go where I like. It isn't regimented at all and that's a major attraction." Another person said, "The great thing here is they see us and treat us as individuals." A further person told us, "I get up and go to bed when it suits me. Staff always do things with my agreement, they fit with me." People's care plans informed staff how to support people and how to promote their independence. For example, encouraging the person to maintain their own hygiene by washing their hands and face and cleaning their teeth. We observed staff supporting people with their mobility. They encouraged people to walk with mobility aids but had a wheelchair nearby if people could not manage.

Peoples' equality and diversity was respected. Staff were aware of the importance of treating people equally

irrespective of age, disability, sex or race. Staff demonstrated this by offering people choices and respecting the choices people made. There was information in people's care plans about their spiritual and religious choices and if people needed support to maintain their faith this was arranged. People embraced the diversity amongst the staff team. One person told us, "I like the mix of staff from different countries." Staff were heard discussing cultural foods that they had brought in for people to try. People were supported by staff to maintain relationships with those who were important to them. Visitors told us they were welcome at the home and staff understood the importance of involving family and friends in people's care.

People's privacy was maintained and their right to confidentiality was respected. Care plans and other records were stored securely in the staff office. Staff were aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

Good

Is the service responsive?

Our findings

People told us staff understood their needs and supported them appropriately. One person told us, "I was involved with their written plan although I haven't seen it. They know what they have to do for me and I know what they should be doing." Another person more recently admitted to the home said, "I don't feel I've been involved in anything written but I've been asked what I like to do and have discussed the various things wrong with me." A further person added, "I don't want to be involved in how they give me care. I may well have had a say but I'm happy to let them get on with it."

Before people moved into the home an assessment was completed to ensure their needs and choices could be met. These were completed, as far as possible, with people and where appropriate, their representatives. Information from the pre-assessment was used to develop the care plans and risk assessments. Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, health and personal preferences. These were regularly reviewed and updated. Where people were able to, and, wished to, they were involved in developing their care plans and signed them to demonstrate they had read and agreed with them. One staff member told us how they reviewed the care plan with one person and then the person read and agreed it before it was printed for all staff to read. Some people told us they had not been involved in developing their own care plans. Throughout the inspection we saw people were involved in deciding how their care was provided. We discussed this with the registered manager and staff who told us they continually spoke with people about their care and support needs although this was on an informal basis, for example whilst providing care. A visitor told us they were kept informed and updated about their relatives care and health needs. Throughout the inspection we saw people received the care they needed and wished for. This included support with their mobility, skin integrity and health needs. Staff were updated about changes in people's care and support needs at a handover each shift change.

People were supported to remain active and involved and had enough to do each day. There was an activity program, which included trips out, and people told us they had enough to do. One person said, "I enjoy the bingo and singers and also like time on my own, reading and watching television. So, I think there are enough things arranged for spending our time." Another person told us, "I like the atmosphere here. I'm not one for joining in but you don't have to, I like to sit in the lounge and see what others are doing. It's all easy-going. They respect the fact I'm not a mixer but still offer me the chance to join in things, and I was pleased to join a trip to a bandstand concert. I like to know what is on (the person showed us their weekly pictorial activity planner) and to be able to make a choice. They have asked me what I enjoy. I miss my cats so I really enjoy it when the therapy pets visit every month." People were supported to maintain their own interests and hobbies. One person enjoyed painting, and some of these had been displayed in the dining room. Another person was knitting in the lounge. The registered manager told us some people were part of a knitting group, however this activity had stopped during the hot weather.

The registered manager and staff encouraged and supported people to take part in activities but respected some people chose not to. One person said, "I don't go to the lounge unless there's anything going on with music. I like (name) singing group, not to take part in but to listen. I can't manage trips out but enjoy time in the garden. Another person who had more recently moved to the home told us, "We spend a lot of time in

the garden. Staff don't interfere, you come and go as you like. We have joined in some activities and go down to the dining room for lunch, but prefer our own company. (Registered manager) got us to go out on a trip and now we look forward to doing that again. I expect we'll join in more as we go on."

During the inspection we saw people were engaged and busy. Staff also joined in with two staff members dancing together for people. On the first day of the inspection a picnic in a local park had been arranged. However, it had started to rain and people were asked if they would still like to go. People said they would prefer to play bingo instead. This was arranged and people were seen to be having fun.

Technology was used to support people to receive timely care and support. There was a call bell system which enabled people to contact staff when they needed. There was wi-fi available throughout the home. A staff member had used an electronic app to show old-time songs on the television. People were singing and arm-chair dancing, clearly enjoying themselves. To support people who had some degree of hearing loss subtitles were displayed on the television.

The registered manager and staff were keen to further improve and develop activities through discussions with people and new ideas. One person had told staff they would like to cook a curry. The registered manager told us this would be arranged and even if the person did not want to cook they could instruct other staff. Records of activities people had taken part in, and their enjoyment had been recorded.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff communicated appropriately with each person and understood the importance of communicating in a way that met their individual needs. Communication care plans contained information to guide staff. This included whether people wore glasses or hearing aids and if they could use the call bell. The registered manager told us people did not currently require information to be provided in a different format, for example large print. If they did this would be provided.

There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. People's concerns were addressed constantly throughout the day. This prevented them becoming formal complaints. People told us they had not have any complaints but would talk to staff if they did. A visitor said that they were happy to raise any concerns and these were addressed promptly. If appropriate, any complain received was discussed with staff. This helped to ensure, as far as possible, that lessons had been learnt and actions taken to prevent a reoccurrence.

As far as possible, people were supported to remain at the home until the end of their lives. At the time of the inspection no-one required end of life care. There was information in people's care plans about their end of life wishes. Staff were aware of the frailty of some people and were able to tell us how they would ensure people received the support they needed for end of life care. This included the involvement of healthcare professionals to ensure people received the appropriate care and support.

Good

Is the service well-led?

Our findings

At our last inspection in May 2017 we asked the provider to make improvements to ensure records were fully completed. At this inspection we found improvements had been made and records were well completed. Daily notes now better reflected what people did each day. Other daily records such as mattress check charts and cream charts were now well completed. Best interest decisions were discussed with people however, records of these discussions and information about lasting power of attorney were not always easy to find. We discussed this with the registered manager who told us they would review this.

There was a robust audit system in place. This included audits and checks by staff, the registered manager and an external consultant. Where areas for improvement and development were identified there was an action plan which included action needed, who was responsible and when the work should be completed by. These were signed when completed. Care plan audits identified improvements had been made over the past year but work was still ongoing to further develop them. Findings from the external consultant's audit had been shared with staff at a staff meeting. Staff were aware of the work required and asked throughout the inspection if we could see improvements since our previous inspection.

There was a clear management structure at Hartfield House. The registered manager worked at the home each day and was supported by the directors. The directors completed a walk around the home each week, spoke with people and staff and completed various checks for example to ensure maintenance work had been completed. The director we spoke with told us about improvements and developments that were happening at the home. They also demonstrated a good understanding of people and staff. Some people told us they regularly saw the directors and would be able to discuss any concerns with them. The directors and registered manager had meetings alternate weeks to ensure that improvements and developments continued.

There was a positive culture at the service. The home was welcoming, even from the outside. The company statement was clearly displayed and a copy of the activity program for the week was displayed by the front gate. This helped to demonstrate to visitors and passers-by the nature of Hartfield House. All staff including the directors spoke of the importance of developing and providing a home in which people felt comfortable. Constantly reminding us of the statement, "We care like family." It was clearly important for each staff member to ensure this statement was upheld. People and staff spoke highly of the registered manager, they knew her by name and engaged comfortably with her throughout. People's comments included, "I see plenty of the manager and the home runs in a way that suggests she is a good manager. I'm just happy to have found this place." "The manager is professional, friendly and kind. She stops to chat with me," and "I see (registered manager) every day. The owners come on Saturdays." Staff told us the registered manager was supportive and they could discuss any concerns with them. Staff told us there was a good supportive team at Hartfield House and included comments such as "We're like family," "I'll never leave here." Feedback from a staff survey showed that staff were happy working at the home. One staff member had commented that they were grateful for the opportunity to do more training. Staff were asked what they liked most about working at the home. One staff member had responded, "Making a difference to people's lives and making people happy."

People and their relatives were regularly asked for their feedback through day to day discussions, meetings and surveys. People were asked about the activities, meals and the quality of care. Feedback was seen to be positive. One person told us, "We have residents' meetings, there was one a few weeks ago. The manager ran it and one of the owners came." People clearly felt involved in the day to day running of the home. One person said, "When they have staff meetings they let us know the arrangements. They have residents' meetings and ask people's opinions, even I have spoken there." People were supported to develop the service to help meet their needs. One person told us, "We have an outside singer who comes in and I thought 'I could do that', so now I lead a singing group every two weeks with five or six other residents and I've also run a music quiz." This person told us they were supported by the registered manager who accessed lyrics for them from the internet.

One visitor told us they had raised a concern about fire safety issues. They told us this had been addressed promptly by the directors. The visitor told us the directors had discussed the concern with them and asked about any other ideas they may have for improving and developing the home.

There had been a recent garden party which people had enjoyed. This had been attended by the people and their families, directors, and staff. Some staff had also brought their families to engage with people. This had been a fund-raising event to enable people to enjoy a variety of trips out.

The registered manager engaged with local stakeholders and attended local forums to ensure they were up to date with changes in legislation and best practice. For example, they attended the forums held by the local care home association enabling learning and discussion around best practice.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.