Heathlands Care Home (Chingford) Ltd

Heathlands Care 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 last inspected this service in September 2016 where it was rated 'good' overall. This inspection took place on July 31 2018 and was unannounced.

Heathlands 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.

Heathlands Care Home is a nursing home that provides care for up to 84 people. At the time of our inspection there were 83 people using the service.

The service had a peripatetic manager in place at the time of our inspection. They were awaiting the outcome of their application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe and people were protected from harm. Care workers were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Care workers knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and care workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a weekly basis.

Newly recruited care workers received an induction. Training was provided on a regular basis and updated when relevant.

Care workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between care workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us care workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Concerns and complaints were listened to and records confirmed this.

People who used the service, their relatives and support workers spoke highly of the peripatetic manager and told us they felt supported by him.

Quality assurance practices were robust and taking place regularly.

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 continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service continued to be well led.	**Good**

Heathlands Care 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.

The inspection took place on the 31 July 2018 and was unannounced. The inspection team consisted of three inspectors, a nurse specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Clinical Commissioning Group (CCG), and the local borough safeguarding team.

During our inspection we observed care and support in communal areas and also looked at some people's bedrooms and bathrooms with their consent. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine members of staff which included care workers, nurses, the peripatetic manager, deputy manager, unit leader, operations manager, cook and activities coordinator. We spoke with 11 people using the service and five family members. We looked at 14 care plans and policies and procedures for the home.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "Yes I do think that I'm safe here." A relative told us "[Relative] is as safe as she can be."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. Records showed that any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.

People's risk assessments were personalised and robust and we saw examples of this. One person was at risk of urinary tract infection (UTI) and their risk assessment stated, "Staff to check [person] regularly for signs of UTI. Staff to ensure that they check [person's] incontinence pads at regular intervals and change it as required. Staff to check and change [person's] stoma as needed. [Person's] skin integrity to be monitored on every shift and be recorded. Any concerns noticed to be informed to the nurse on duty."

Each person had a fire risk assessment and personal evacuation plan in place. Fire equipment had been checked and labelled accordingly. The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices. The systems were robust and effective.

The service made sure there were sufficient numbers of suitable staff to support people. During our inspection we observed staffing levels were meeting the needs of people and there was always someone available to provide support. The peripatetic manager explained how they used an electronic rota, which was accessible by all staff and said, "All staff have access to it, they can pick up open shifts to do over time, it's saved us a lot on using agency [staff]. The open shifts get snapped up and staff can access it from an app on their phones." The deputy manager explained, "Some staff were not that technical so we supported these staff to support them to use the technology."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any contentious DBS findings. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Medicines were managed and stored safely. Audits were taking place to ensure that medicine records were up to date and correct and all staff received the appropriate training prior to administering medicines. The deputy manager explained, "The pharmacy also come in and do an audit. We do a controlled drugs audit every week. We meet with the pharmacy and the doctor every three months for a meeting and we now we use E-Prescription which has really helped."

Infection control practices were in place and the COSHH (Control of Substances Hazardous to Health) cupboard was securely locked and the home environment was clean. The peripatetic manager told us, "We have a head housekeeper, on any given day, there are six housekeeping members and they do the floors, laundry, kitchens, lounges, there is constant cleaning." During our inspection, the home was clean and free of malodour.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this where the peripatetic manager kept a summary of all incidents, the actions taken, lessons learnt and whether CQC had been informed.

Good

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. People's needs were assessed and delivered in line with current standards, for example each person's initial assessment included information such as cognition, psychological, expressing sexuality, physical needs, nutrition, communication, mobility, personal safety, social needs and end of life.

Staff received regular training that was relevant to their role. Training included moving and handling, fire safety, first aid, infection control, nutrition and safeguarding. The operations manager told us, "If we have a member of staff who doesn't comply with training we stop them working until they attend. We have a duty of care to protect staff and residents." A care worker told us, "A proper system has been put in place. We have a training manager." Another care worker said, "We get refresher training."

Newly recruited staff were given an induction and care workers told us this was useful and relevant. One care worker said of the induction, "It was quite good, I had the basics I needed." Another care worker said, "It was two weeks of watching DVDs and shadowing on the floors."

Staff were supported with supervision and appraisals. Supervision topics discussed included mandatory training, medicines, professional development, team work, punctuality, attendance and communication. The operations director explained, "We also have support meetings. For example, we'll learn that someone is struggling, we will say we are there for them and support with training."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service. The operations manager advised, "We've just reviewed our DoLS, we do it on a monthly basis now and we have appointed a nurse as a DoLS lead. She's very passionate about MCA."

Staff we spoke with understood the principles of this legislation and were clear that even though people may be living with dementia, they all could make some decisions and that this should be encouraged and upheld. One care worker told us, "Even though they have dementia they are still normal people." Care plans contained information about people's consent to care and treatment. One person told us, "You're free to go anywhere. I'm happy to go out but I don't go out by myself."

People were supported to have enough to eat and drink in line with their preferences. The fridge and freezers were stocked with fresh food and cabinets were stocked with snacks. The head cook told us, "We have a four week cycle menu with four options a day. They can choose from there. There's always sandwiches, eggs, chips, jacket potato, ice cream, yoghurt if they don't like what's on the menu. We will go across the road and buy whatever they fancy because they are the priority." They also told us how they catered for people who were on a pureed diet, "Each individual food is pureed separately and piped nicely." One person told us, "The food's eatable…quite good. The nurse comes around and you choose out of two choices." Another person said, "There is a choice." A third person explained, "The food is very nice." People's cultural and dietary preference were adhered to and we saw instances of this on menu plans. The head cook explained, "We have a list of people's preferences, those who don't eat pork for example. We meet with people when they first come here, meet with the family member, ask them what they like and don't like. We have African and Caribbean people here and some people who like spicy things so we make it for them separately and we always have a vegetarian option."

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals when necessary. One person said, "Yes when I've got appointments…they took me to the hospital and brought me back." The deputy manager told us, "We are building up links, for example, finding a dentist to visit the home. Physiotherapists visit nearly every day. We've trained all of our nurses on verifying death and we no longer have district nurses visit as all of our nurses are trained, we've upskilled the staff and empower our workforce."

Good

Is the service caring?

Our findings

During our inspection we observed positive and caring interactions between staff and people who used the service. One relative told us about the staff and said, "Yes they are kind and caring. They're responsive to [relative]. They've been fantastic." Another relative explained, "From what we've seen, they [staff] are genuinely personable and speak with soft voices." One person told us, "Yes they're [staff] kind and caring and I get on with them all; they're friendly."

Staff we spoke with understood how to maintain people's privacy and dignity. One care worker said, "You don't let everyone in the lounge know when someone needs their pad changing." A relative told us, "The carers are excellent." One person told us "I feel confident they know what they're doing, of course some carers are nicer than others and the hair dresser helps to make me feel better too." A third person told us, "Everyone here is very nice"

Care workers were proactive in promoting the independence of people and encouraging them to learn new skills. One person said, "They watch me and give me the flannel to do the things I can and they're very respectful." Another person told us, "The staff and nurses have encouraged me to walk more and I can now walk from the dining room to the reception using my zimmer [frame]."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The staff we spoke with understood that people must not be discriminated against on these grounds (and other protected characteristics). They told us that discrimination was a form of abuse and so they would report it in the same way. They gave us examples of how they supported people from different backgrounds and cultures. For example, by making sure people were still able to practice their faith and worship. They also told us about a resident where they were using 'Google Translate' to communicate with them. The peripatetic manager explained, "We have a lot of diversity within the service. We are all very accepting. Our own staff team are very diverse and come from different backgrounds."

Good

Is the service responsive?

Our findings

Care plans were personalised and contained information about people's care needs and preferences. Care plans were managed electronically and staff were able to monitor people's needs by using a hand held electronic device with each person's care plan and daily records which could be updated instantly. Electronic care planning enabled the provider to set up alerts and pick up on trends, for example there was a live system with a list to show what care had been provided to each person. For instance whether medicines had been administered, blood glucose checked, breakfast given, cup of tea provided. In addition, the electronic system automatically calculated whether people had lost or gained weight, their blood glucose levels, oxygen levels if relevant, pulse, and blood pressure. The operations manager told us, "It shows all of the interaction and this is great because we can show families all of the interactions." A relative told us, "We've been offered one-to-one talks and yes, they do follow the care plan."

Electronic care plans also contained a hospital passport, which could be printed off before a person was taken to hospital. The operations director told us, "If someone needs to go to hospital, we will click on the hospital pack that also contains the medical history and we send this to the hospital with the ambulance. We print it off and give it to the ambulance crew. Also contains any information about wounds etc."

The operations manager explained that staff were matched accordingly on each unit to ensure that people's needs were met in a personalised way, "What we ask staff now is what their interest is. For example, some staff are very interested in palliative [care], challenging behaviour, so we place them accordingly in each unit."

The service supported people at the end of their life to have a comfortable, dignified pain free death. This was reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. One person who was receiving palliative care expressed how they wanted to have a birthday party for a family member at the home and this was arranged accordingly. The peripatetic manager told us, "We are very proud of the way we provide palliative care. When people are palliative and we know that the person is going downhill, we allow family to stay twenty-four seven. Once people move into Heathlands, this is their home. We have a very good relationship with relatives."

During our inspection, we observed people and their relatives sitting in the garden. There was music and staff offering people and their relative's cake and cold drinks as it was a warm summer day. The deputy manager explained "We have smoking areas now and alcohol for people if they choose, it's their home. As long as it's safe and doctor agrees."

People we spoke to told us they were happy with the activities at the home. One person said, "I like the bingo and the entertainers and we go outside a lot for BBQs. I like doing the gentle exercises." Another person explained, "In the other lounge you can play dominoes and cards and watch sport on the TV there or in my room. I like football."

The service had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A relative told us, "If I had to complain about anything, I'd do it online to but talk to managers first."

Good

Is the service well-led?

Our findings

A relative told us, "The managers have been absolutely brilliant - fantastic and gone over and above my expectations; the entertainment, the BBQs and the DJ playing the sort of music we like – absolutely brilliant and everyone is approachable and friendly". Another relative said, "They seem to be well-organised and we are always greeted properly." One person who used the service said, "The managers are very nice."

The peripatetic manager explained, "We operate an open door policy. It's about being supportive and listening to staff." Staff we spoke with were very complimentary about the peripatetic manager and spoke highly of their management style. One care worker said, "[The peripatetic manager is very professional, I want him to stay." Another care worker said, "The care has improved because we are being supported better." A third care worker stated, "He will listen to you. He is a leader."

The peripatetic manager also told us about community engagement and how they networked with other agencies to strive for consistent quality within the service, "It's about engaging with stakeholders and concentrating on recruitment. Waltham Forest CCG (clinical commissioning group) have really supported the home and we have better direction. The commissioning team are very good." In addition, the deputy manager explained, "We work very closely with the palliative care team and they've invited us to bereavement training and they've invited us to talk at Whipps Cross hospital."

The service had robust quality assurance practices in place and records confirmed this. For example, a daily walk of each unit was carried out which looked at aspects such as whether all staff were dressed in line with company policy and that the home was free of malodours. The peripatetic manager also completed a monthly audit overview that looked at aspects such as medicines, complaints, infection control and fire records. In addition, a monthly quality assurance visit was completed by the operations manager that looked at aspects such as accidents and incidents, training, housekeeping and rota management.

Weekly clinical review meetings were taking place and discussions included pre admissions and whether people's needs could be met, new admissions, tissue viability and safeguarding. The operations manager explained, "We also have a monthly general staff meeting and we've instructed each unit manager to have their own meetings. We also encourage staff to speak to management and we have a heads of department meeting as well."

A resident's survey and staff survey was carried out annually and we looked at the results of the most recent from October 2017. Responses from both were positive and looked at aspects such as the environment of the home and wellbeing. In addition, there were regular resident and relative's meetings. One relative told us, "There's a relatives' meeting on Friday and we're going"

Policies and procedures were accessed online, with individual logins for each member of staff. The operations manager explained, "The support office administrator will have access to who hasn't accessed policies and procedures has a list of staff who haven't read them regularly so we are aware."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The registered manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.