

Archangel Enterprises Limited

Heathfield House

Inspection report

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Tel: 01782393909

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 June 2018 and was unannounced.

Heathfield 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. Heathfield House accommodates up to six people in one adapted building. At the time of the inspection there were six people living in the care home.

There was not a registered manager in post. The provider had a manager in post and it was their intention to register with us in the near future. 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.

At our last inspection on 2 December 2015 we found the service was rated good overall. At this inspection we found the service continued to be rated good overall, but some improvements were needed in Well Led.

We found systems in place to check on the quality of the service people received were not always effective and improvements were needed. Whilst the manager had systems in place to monitor the delivery of people's care, changes to risk assessments were not always documented and medicines stock checks were not always effective in identifying concerns.

People were protected from abuse and risks were assessed and planned for to keep people safe. Premises and equipment were maintained to minimise the risk of infection. People were supported by sufficient safely recruited staff. Medicines were administered safely. The manager had systems in place to learn when things went wrong.

People's needs were assessed and they had effective care plans in place. Staff were trained and people received consistent support. People were supported to make choices and their needs and preferences for food and drinks were met. The environment was adapted to meet the needs of people. People were supported to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from staff that were kind and caring and staff had good relationships with people and their relatives. People had their communication needs assessed and care plans were in place which supported people to make choices and retain their independence. People were treated with dignity and respect

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were systems in place to monitor the service however these were not consistently identifying areas for improvement. The manager had systems in place to seek feedback from people. The manager understood their role and responsibilities for making notifications to CQC.

Heathfield House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 June 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two people and one visitor. We also spoke with the manager and three staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 the care records of two people and two staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At the last inspection on 2 December 2015 we found the service was good in Safe. At this inspection we found the service continued to be good in Safe.

People felt safe. One visitor told us, "It is safe for people here; I have observed how staff are with people." Staff were able to demonstrate knowledge of how to recognise abuse, what actions they should take in lines with polices and had received training. We could see where safeguarding concerns had been identified; these had been reported to the appropriate authorities. This meant people were safeguarded from abuse and people were protected from the risk of harm.

People were supported to manage risks to their safety. One visitor told us, "I have a lot of faith in how they support [person's name] they know how to support them." People had risk assessments in place and plans for staff to follow to keep them safe. Staff could describe these and tell us how they supported people to maintain their safety. We saw this was accurately represented in people's plans. For example, one person had a plan in place to keep them safe when they displayed behaviours that challenged. Another person had a plan in place to support them with risks from a medical condition. We saw plans were clear, staff understood and followed the plans to keep people safe during the inspection. This meant people were safe from the risk of harm. However some plans were not up to date. Whilst staff understood the areas that had changed and were providing support as people needed the documentation had not been updated to reflect the changes in their care plans. The manager said they were aware of this and had a plan in place to update all the risk assessments and care plans for people.

People were supported by sufficient staff. One visitor told us, "There are enough staff, there has been some turnover of staff with a lot of change, however this had been well managed and there had been no impact on [person's name]." Staff told us they felt there were enough staff on duty; they said they had time to meet people's needs and get to know people well. The manager told us they had sufficient staff on duty and used a regular agency arrangement to cover any hours needed to ensure agency staff were familiar with people's needs. We observed sufficient staff were available to support people without them having to wait throughout the inspection. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. Staff were trained and their competency was checked, we observed staff administering medicines in line with the medicines policy. There was guidance for staff on how medicines should be administered, for example; when people needed medicines given on an as required basis. Medicine Administration Records (MAR) charts were in place and held accurate records about administration of people's medicines. We saw medicines were stored safely and stock control checks were carried out. We checked the medicines stock and found one medicine count was not accurately

recorded. The manager investigated this during the inspection and we were able to confirm the issue was a counting and recording error rather than an administration error. This meant whilst medicines were administered safely, some improvement was needed to the checks in place on accurate recording.

People were protected from the risk of infection. People were encouraged by staff to be involved in maintaining the cleanliness of the home. Staff were knowledgeable about how to prevent the risk of cross infection and we saw that the home was clean. There were systems in place to prevent the risk of cross infection, such as hand washing procedures and the use of protective clothing. We found there were checks in place to ensure the home was clean. This demonstrated people were supported and cared for in a clean environment which helped to minimise the risk of infection.

Accidents and incidents were recorded and monitoring was in place. The manager described how systems were used to review when things went wrong. We saw accidents and incidents were reviewed and learning was taken to prevent incidents from reoccurring. This meant the manager undertook analysis and made improvements when things went wrong.

Is the service effective?

Our findings

At our last inspection on 2 December 2015 we found the service was good in Effective. At this inspection we found the service continued to be good in Effective.

People had their needs assessed and plans were put in place to meet their needs. The manager told us assessments were undertaken when people came to the service and ahead of admission a transition plan was put in place. The assessments involved gathering information from other professionals and visits took place for people to get to know the service and plan how they wanted their room. A care plan was then put in place which identified the person's needs and how they wished for these to be met. The assessment and plan took account of all the individual preferences of the person including requirements relating to relationships which were important to the person, their cultural needs and preferred routines. Staff we spoke with told us this information was used to help them get to know the person's needs and was used to build on over time as they got to know the person. The records we saw and our observations confirmed what we were told. For example, one person's assessment and care plan gave guidance for staff on how to support a person with behaviours that challenged, there was specific guidance in place for staff to keep the person safe when they displayed behaviours and detailed guidance about the person's condition to aid understanding. We observed staff following the guidance during the inspection. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. One visitor told us, "The staff are all very professional, they understand how to support, [person's name] with their specific conditions." Staff described receiving an induction into their role and training. They said they had their competency checked by managers. One staff member said, "I did online medicines training and had observed practices and my competency confirmed before doing medicines alone, this gave me the confidence to do them." Another staff member told us, "I had an induction over a period of weeks which covered lots of areas". The manager told us staff completed the care certificate and was completed by new staff as part of their induction. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. The records we saw confirmed what people told us and this meant people were supported by suitably skilled staff.

People were supported to maintain a healthy diet. People were observed having a choice of meal and they told us they liked their meals. We found information was available to staff in people's care plans about their needs and preferences for food and drinks. Staff could describe people's needs and preferences to us and we saw they followed the guidance in people's plans when offering support at mealtimes. We saw people were involved in planning their meals and doing on line shopping, with some people helping with meal preparation. Where required we found staff were recording what people had to eat and drink to monitor their intake, and we found this was in line with people's plans. This showed people were offered a choice and were given support to maintain a healthy diet.

Staff communicated well and engaged with other professionals to ensure people were provided with

consistent support. We observed staff sharing information about people and saw that people's daily records gave a continuous record of how people had been during the day, what they had done and where they had been. Staff were able to describe people's routines and preferences and we saw staff following the routines during the inspection. This showed people received consistent support from staff.

People were supported to maintain their health and wellbeing. One person told us about the support they had from staff to attend medical appointments. The manager told us people had health action plans in place to identify their needs and plans to help manage long term conditions and maintain people's health. We saw health professionals were involved in people's care and the advice given was followed by staff. There were specific plans in place to support people to understand their health needs and make informed choices about their care and treatment. We saw community nurses had been involved, consultants and doctors. There was also involvement from health care facilitators to support people to access health services. This demonstrated people were supported to access health professionals and maintain their wellbeing.

The building had a homely feel and there were communal areas where people could spend time together. Bedrooms were personalised and people had their own belongings in their rooms. We saw people could access these at any time. There were adaptations to assist people, for example in the toilets and bathrooms. We saw people were able to move freely around the garden area which had access to seating and there was a stair lift to use for people who would find the stairs difficult. This meant people's individual needs were provided for with the design, decoration and adaptation of the premises.

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.

Staff understood how to seek consent and the action they would take if a person did not have the capacity to consent. Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken and a decision had been taken in the person's best interests. For example, one person had refused to attend medical appointments for monitoring their health as they became anxious. The person was assessed as not having capacity to understand the implications and a best interest decision meeting was held. The person was supported to access health appointments in the least restrictive way. This demonstrated staff applied the principles of the MCA when supporting people.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were no authorised Deprivation of Liberty Safeguards (DoLS) in place, however people were subject to restrictions and applications had been made to the authorising body. Staff understood how to support people in line with the MCA and use the least restrictive way to offer support to these people.

Is the service caring?

Our findings

At our last inspection on 2 December 2015 we found the service was good in Caring. At this inspection we found the service continued to be good in Caring.

People were supported by staff that were caring. One person told us, "I am happy with all the staff they are nice." One visitor told us, "The staff know [person's name] very well, they find out all they need to know." They added, "[person's name] can relate well to staff." Staff told us they had developed good relationships with people and they had time to get to know people well. We saw staff communicated with people in a caring and friendly manner. We observed people were comfortable to approach staff and staff were responding to people using appropriate communication styles. We observed some people went out for the morning and on return were smiling and chatting with staff. This showed people had good relationships with staff and were supported in a caring way.

People were able to make choices about their care and support and were involved in decision making. One person told us about the things they were able to choose for themselves, they also told us how they were involved in interviewing for new staff. We saw people were able to decide where to spend their time and what activities to undertake. Staff told us they had guidance in people's care plans about what decisions they could make for themselves and how to support people with decision making. Care plans identified what people wanted to achieve and how staff should support them. For example, one plan described how the person was supported to maintain contact with their family which was important to them. The records we saw supported what we were told which demonstrated people were involved in their care and support.

People's communication needs were understood by staff and there was guidance in place to help staff communicate. For example, staff could describe the phrases people used to express what they wanted or needed. We observed staff used this when providing support to people and it was clearly documented in people's care plans.

People were encouraged to maintain their independence. Staff understood what people could do for themselves and could describe how they supported people to retain skills and their independence. For example, where people were able to maintain their own personal care, staff ensured they were encouraged to do this.

People received support which maintained their privacy and dignity. We saw staff treated people with dignity and maintained their privacy. For example, staff were respectful in how they spoke to people, they knocked on doors before going into people's rooms and ensured people could have time on their own if they wished. Staff were discreet when offering support to people. People were supported to maintain relationships which were important to them, for example staff supported regular contact with people's families. This shows people were treated with dignity and respect.

Is the service responsive?

Our findings

At our last inspection on 2 December 2015 we found the service was good in Responsive. At this inspection we found the service continued to be good in Responsive.

People's preferences were understood by staff. The manager told us how people's needs and preferences were assessed ahead of them using the service. They described how this assessment identified what was important to the person, the process considered specific needs relating to race, religion, culture and sexuality. We found other professionals and families were also involved in assessments, care plans and reviews to help staff learn what was important to people. Staff told us that they used this information to learn about people and what their preferences were. We saw care plans gave detailed guidance for staff around people's preferences. We saw staff followed these plans when supporting people. One person told us about their interests and the holidays they had been on and were planning. Staff could describe the things people liked to do and how they supported them to follow their individual interests. We were able to confirm this was documented in people's care plans and there were records of outings and activities which people had been involved in. We saw people were occupied throughout the day doing things they enjoyed including going out with staff. This showed people were supported in line with their preferences and were able to follow their interests.

People and relatives understood how to complain. We saw there was a complaints policy in place and an easy read version of the policy was available to help people understand how to make a complaint. We found complaints had been investigated and responded to in line with the policy. This showed the provider had a system in place to respond to people's complaints.

There was nobody receiving end of life care at the time of the inspection. However, some people had discussed their future wishes with staff and this had been recorded in their care plans. The manager was able to describe how the service would offer support to people at the end of their life and how plans would be put in place to ensure what was important to the person would be considered along with the wishes of any close family members. This meant the service had a system in place to provide appropriate support to people when they were at the end of their life.

Is the service well-led?

Our findings

At the last inspection on 2 December 2015 we found the service was good in Well-led. At this inspection we found the service required some improvements.

Medicines were audited and stock levels were checked daily. When we checked stocks on the day of the inspection we found the amount of medicine recorded for one person did not match the stock which was held by the service, despite daily checks. The manager investigated and found the person's medicine had been administered correctly and the error was a counting and recording error. However, the checks had not identified this which meant improvements were needed to how medicine stocks were checked.

Risk assessments were not always up to date. For example, we found one person's risk assessment identified risks to a person when they displayed behaviours that challenged and there was guidance for staff to follow. Our observations showed staff were not following the guidance in the care plan. When we spoke to staff about this they told us the person's risks had reduced. We confirmed with the manager that the current documentation was in need of an update. This shows improvements were needed to how risk assessments were reviewed and updated. The audits of care plans had identified there were elements which required updating and work was planned to update all plans.

The manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

The provider had systems in place to ensure the service was effective. A range of audits were carried out to check on the quality of the service. For example, infection control, health and safety and fire safety checks. We found there were arrangements in place to ensure any vacancies or sickness was covered and people received consistent support. In another example, checks were carried out to ensure staff maintained their mandatory training and competency checks were carried out to ensure staff understood their role. We also saw staff had opportunities to discuss their training needs in meetings with senior staff and received support and guidance in their role. Accidents and incidents were monitored to ensure any learning could be shared with staff and improvements made. There was a plan in place to make improvements to the service for example, making changes to some aspects of the homes decoration and changes to the way people's care plans were documented. This showed checks were in place and driving improvements.

People, relatives and staff were engaged in the service. We found there were regular opportunities for people, relatives and staff to share their feedback about the service. We found annual surveys were completed to check if people were happy with the service. Relatives told us they felt able to approach the management team. We observed people were able to share their views during the inspection. We also found people were involved in the service. For example, a second interview was held for new staff where they were interviewed by people using the service. People told us they had been involved in this process. Staff told us they felt engaged in the service and had opportunities to make suggestions. The manager told us they had plans in place to increase how staff were involved in care planning and to give them more autonomy within

the service. This showed the manager had systems in place for people and staff to share their feedback.