

Mr & Mrs T Sutherland

Heatherlea House Residential 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

This inspection took place on 31 August 2016 and was unannounced. Heatherlea House provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 17 people who require personal and nursing care. At the time of our inspection there were 15 people living at the home.

There was a registered manager in post. 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.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe. Medicines were administered and stored safely.

We saw that staff obtained people's consent before providing care to them. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision. People were encouraged to enjoy a range of hobbies and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded. The

provider had informed us of notifications as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Good ●

- The service was consistently well led.
- There were systems and processes in place to check the quality of care and improve the service.
- Staff felt able to raise concerns.
- The registered manager created an open culture and supported staff.

Heatherlea House Residential 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.

This inspection took place on 31 August 2016 and was unannounced. The inspection was completed by two inspectors 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 what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager and four members of care staff. We also spoke with the cook, domestic, administrator and activities coordinator. We spoke with five people who used the service and one relative. We also looked at four people's care plans, three staff files and records of staff training, audits and medicines.

Is the service safe?

Our findings

People who lived at the service told us they felt safe living at the home and had confidence in the staff. A person who lived at the home said, "We are not prisoners were, but everywhere is kept locked and we are safe." A staff member described the different ways that they kept people safe. They advised that doors are locked to keep people safe from potential intruders and that they regularly kept an eye out for hazards. They said, "A small team means better communication, things such as hazards are dealt with quickly." The relative we spoke with told us that they felt their family member was safe. They said, "Safe, absolutely, 100%."

People who lived at the service and staff told us that there was enough staff to provide safe care to people. We observed staff responded to people promptly. The registered manager told us that the staffing levels varied according to the needs of people and staff confirmed this. One person told us, "Staff are always around." A member of staff told us, "Compared to my last job I have time to spend with residents." They said that they had time to spend talking with them when doing tasks like bringing in a cup of tea and stated, "We all have time to do our job."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable staff were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

We observed the medicine round and saw that medicines were administered and handled safely and records were fully completed. People were asked if they required their as required medicines (PRN) such as painkillers. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. PRN protocols were not in place to indicate when to administer these medicines and whether or not people could request and consent to having their medicines. However we saw in the medicine records details of what PRN medicines people were on and what for to provide some guidance to staff. The registered manager told us that they would put in more detailed guidance in these documents. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in

place to support people in the event of an emergency such as fire or flood.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received yearly updates on areas such as fire and health and safety. They also received training on specific subjects which were relevant to the care people required, such as the care of a person living with dementia. Staff said that the manager was supportive and if they were not clear about how to do something they would be comfortable with double checking and asking for clarification. Staff were also able to request training which they felt was relevant to their role. For example, when a person who had diabetes came to reside at the service, training in the management of diabetes was arranged for all staff. Training was also provided on a regular basis by the district nursing team on skin care and we observed that staff understood how to care for people in order to protect their skin from breaking down. The registered manager said, "Base everything around the residents who are here." One person had a hearing aid which frequently broke. In order to ensure that the person was not without their hearing aid for long periods of time the registered manager had attended a course so that they could repair the hearing aid for the person.

During our inspection we observed a member of staff being supported to administer medicines in preparation for being able to administer medicines on their own. We observed that they were given clear information about how to approach people on an individual basis and how to ensure that records were completed appropriately. Another staff member that was relatively new to the service and to the role, told us that they were supported by a mentor and that the manager was enabling them to gain qualifications. Staff also had access to nationally recognised qualifications. New staff received an induction which included both training and shadowing of other staff. When we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards. There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that they had frequent opportunity to review their skills and experience. We saw that appraisals were in the process of being carried out. Appraisals are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role.

We observed that people were always asked for their consent before care was provided. A member of staff told us, "If someone refuses care, it is within their rights." They gave an example of someone who might choose to wear the same clothes for a few days and said that this may have been normal for them when they were younger so they focused on giving them the information they needed to make a decision for themselves and offering alternatives if they chose not to receive their care in a particular way. Records included completed consent to treatment forms and consent to photography to ensure that care was provided with people's agreement. Where people were unable to consent this was detailed in the care

records.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best interest decisions had not been completed. However where people required these, applications under DoLS had been made. We discussed this with the registered manager who agreed to also complete best interest assessments.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS, although three applications had been made and the provider was awaiting the outcomes of these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed.

One person said, "The food is alright. I decided I would like egg and chips because I didn't want what was on the menu. We do get a selection of food." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. We observed that people had different meals and drinks according to their choice. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. The cook told us that they were not restricted by a budget and were able to source fresh local produce for meals. We visited the kitchen later in the afternoon and saw the teas which had been prepared for the residents to eat. Individual plates had been prepared with the people's names on and each was different with individual preferences, for example, different sized cutlery.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that they received appropriate nutrition. We saw that care plans detailed what support people required. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. The registered manager told us that they had good relationships with the local GP services and the district nurses who visited regularly. We saw that information was shared with the GP in order to ensure that the appropriate care was being provided for example, information on the number of falls on a monthly basis. Where people had specific health needs such as diabetes and osteoarthritis information was available to staff to ensure that they provided the appropriate care.

Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. Transfer documents were in place for when people were admitted to hospital to assist hospital staff to understand people's needs and health issues on admission.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. One person said, "Staff here will try to meet your wishes, if they can, they will."

A comment on the survey carried out with professionals stated, "Care home work alongside and support residents to remain in their preferred place of care. The staff are excellent."

Staff were able to describe how they were able to offer people choices regardless of their communication needs for example through keeping questions and choices simple and through encouraging and offering options. A member of staff described a person who would take a cup of tea and then put it away from them on the table to indicate they didn't want it. They said how they did not assume that it wasn't wanted they would offer a few more times to be sure before taking it away. All staff regardless of their roles felt engaged in the lives of the people who lived at the service.

Relatives confirmed they thought the staff were kind, courteous and treated people with respect. All the people we spoke with said that they felt well cared for and liked living at the home. Care records detailed what name people preferred to be called by and we observed staff using their preferred names.

People were involved in deciding how their care was provided. We observed that staff were aware of respecting people's needs and wishes. For example, a person preferred to sleep in a chair at night rather than their bed. We saw that risk assessments and care plans had been completed to support the person to do this. In the care records of another person who was blind there was clear guidance to staff how to support the person to choose their preferred outfit by describing the colour of the item and letting the person feel the texture.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, people used a variety of methods to call for assistance. One person had their room near to the office so that staff could hear them calling out to staff when they wanted assistance or attention. We observed staff responded as soon as they heard the person call. Another person used a monitor linked to the office to speak with the registered manager when they wanted assurance or help.

We saw that when providing care staff were kind and considerate, for example when administering medicines staff took the time to explain what they were for and assisted people to take them in their preferred manner. A person required eye drops and staff explained what they were going to do and what they wanted the person to do before administering these.

People who used the service told us that staff treated them well and respected their privacy. On the day of our inspection everyone who lived at the home were told that the CQC were inspecting and asked by the registered manager if they were happy to speak with us to ensure that their privacy was respected. One person did not like their door closed and the registered manager had provided a special screen which meant that they could receive personal care in a dignified manner.

People told us and we observed that staff knocked on their bedroom doors. A care plan stated, 'Knock on [persons] door and await and invite before entering.' We observed staff and found that they adhered to this request. Although the home had three double rooms we observed that these were used as singles unless two people particularly wanted to share.

Is the service responsive?

Our findings

People said they enjoyed the activities that were organised within the home. Where people preferred to stay in their rooms and not join in collectively, staff spent one to one time with each person. Activities were provided on a daily basis. Staff and relatives told us that there were various things taking place regularly at the home such as nail care and craft sessions. We observed that people had attended local events within the community such as the commemorative 1940's weekend which was held in the town.

The care records we looked at detailed people's past life experiences in order to help inform staff about people's interests. When we spoke with staff we found that they were aware of people's past and their likes and dislikes. For example a person suffered from claustrophobia due to their past experiences and staff had an understanding of what situations may cause them distress and how to respond to them in order to minimise this. We saw another person had a passion for dogs and the home had arranged for a PAT dog to visit on a regular basis.

One person who was living with dementia had a doll as part of doll therapy and we observed staff speaking with them kindly about the doll and the care the person was living to it. Staff participated in the person's reality in order to provide reassurance and support to them.

Assessments had been completed on admission to ensure that the home could provide the appropriate care to people. Care records included personal care support plans and detailed people's choices. For example a record detailed the carer that a person preferred to provide assistance with their personal care. In addition where people had requested the gender of staff they preferred to provide their support this was recorded in the care records. Care plans had been reviewed and updated with people who used the service. We saw staff had signed care plans to confirm that they had read and understood how to provide appropriate care to people.

People were supported to maintain their independence as they wished, for example, some people had lockable cupboards in their rooms and were supported by staff to use these and keep their own key for access to them.

The relative we spoke with told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. One person had a close network of friends and they were supported to maintain regular contact with them. We observed their care plan stated that they [friends] 'play an important part in [persons] life'. Another person liked a friend to assist them with particular aspects of their care which were not carried out on a daily basis and we saw that records recorded this.

A complaints policy and procedure was in place. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format. This could result in a lack of accessibility to people with poor reading skills, however at the time of our inspection most people were able to access this. We saw that where people were unable to use a written format verbal discussions took place to understand whether or not they had any concerns. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

People felt the home was well run and told me all of the management team were approachable. One relative said, "[The manager] is very approachable, knows what they are doing and does it very well." Processes were in place to check the quality of the service and drive forward improvements. Where audits had been carried out we saw that action plans were in place and audits were monitored by the registered manager.

We observed that there were some areas around the home which required some refurbishment. The registered manager told us about plans to improve the home and showed us what improvements had already been made for example the addition of a bedroom with an ensuite bathroom.

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that their priority was to ensure that people had a good quality of life. The registered manager told us that in order to ensure that they were aware of what was happening they regularly worked with staff to provide care and we observed this during the day.

The registered manager told us that they attended external meetings with local organisations such as the local authority which helped to support them in their role. They said that these meetings were useful for learning and exchanging ideas to improve services.

Staff understood their role within the organisation and were given time to carry out their role. On the day of our inspection a staff meeting was held to discuss with staff lead roles within the home, for example a lead person for dementia and infection control. We attended part of the staff meeting. A member of staff told us that these were good opportunities to raise concerns or request additional training. We saw that there was a positive and supportive culture at the meeting. The registered manager used the opportunity to feedback information from a recent visit from commissioners. There was a frank and open discussion about any action they needed to take and the manager ensured that all staff were in agreement with any changes. There was a discussion about lead roles. A staff member who had been appointed as a dementia champion had used the opportunity to seek out some training which would be offered to all staff at the service. We saw that they felt empowered to do this of their own accord and that their actions were supported by the manager and the staff group. Staff said they felt supported in their role and that they worked as a team in order to meet people's needs.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us about accidents and incidents as required by law.

Surveys had been carried out with people, their relatives and professionals and positive responses received. The registered manager told us that they encouraged people and staff to come and speak with them at any

time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff.