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Heathfield House

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

The inspection took place on 30 and 31 January 2017 and the first day was unannounced.

The last inspection took place 12 and 13 April 2016 when we found breaches of four Regulations relating to notifying the Care Quality Commission (CQC) of significant events, having a process and system in place to report any safeguarding concerns, ensuring the service was safe and good governance. At this inspection we found improvements had been made in all these areas.

Heathfield House provides support and accommodation for up to ten people who have mental health needs and/or learning disabilities. There were ten people using the service at the time of this inspection.

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 about how the service is run.

The registered manager had been in post for approximately two years and regularly worked alongside staff on shift so that they could see how the service met people's needs.

There were now more detailed and regular checks and systems in place to check the fire procedures and that equipment protected people in the event of a fire. Fire doors were checked each week to ensure they automatically closed.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. There had been no safeguarding incidents since the last inspection. We saw evidence in the policies and in people's care records that staff were reminded to report any concerns to the registered manager and to the local authority and to CQC.

People's care records included people's needs and preferences and were individualised. We saw information had been reviewed on a regular basis.

There were checks on a range of areas in the service to ensure people received safe good care.

Feedback from people using the service, staff we spoke with and professionals was positive about the service.

Staff continued to receive support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged in different topics that were relevant to staff member's roles and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People received the medicines they needed safely.

People had access to the health care services they needed and their nutritional needs were being met.

There was a complaints procedure available, which was also in a pictorial version for people who responded to pictures more than words.

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 Good.

Risks to people had been assessed and the staff followed practices to keep people safe.

Systems were in place to make sure people were supported by enough appropriately recruited staff.

People safely received their medicines.

Is the service effective?

Good ●

The service was Good.

Staff had the training and support they needed to do their jobs.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The environment was suitable to meet the needs of the people who lived there.

People's nutritional and health needs were identified and were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, respectful and polite staff.

Staff offered people choices about aspects of their daily lives.

Staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive.

The registered manager and staff assessed and recorded people's individual care needs and based their care plans on

these assessments.

People's care plans were personalised and gave staff guidance about how to meet people's identified needs.

People using the service, their relatives and professionals were asked for their views on the service.

There was a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service was well led.

The registered manager and staff team had a good knowledge of the people who lived in the service including changes in their needs and their preferences.

There was a welcoming and friendly atmosphere at the service.

The registered manager and staff team undertook a range of audits and checks to monitor quality in the service and identify where they could make improvements.

Good ●

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 was a comprehensive inspection which took place on 30 and 31 January 2017 and the first day was unannounced.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR 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.

At the inspection we spoke with five people using the service, the registered manager, a senior support worker, one support worker and a visiting professional. We reviewed the care records for two people using the service, including their care plans and risk assessments and one person's medicines management records. We also reviewed two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we received feedback on the service via email from two health and social care professionals and a local authority financial affairs officer.

Is the service safe?

Our findings

At the previous inspection in April 2016 we found that there had been a potential safeguarding concern which had not been reported to the Care Quality Commission (CQC). It was not clear when concerns would be reported so that people could be sure they were protected from harm.

At this inspection the registered manager confirmed there had been no safeguarding concerns since the last inspection. We also saw improvements in the information recorded in the safeguarding policies and procedures which made it clear when and who to report any concerns to. There was evidence that safeguarding and whistleblowing was discussed at staff meetings. In people's records there were details on what to do if a person was at risk of harm.

We asked people if they felt safe living in the service. Comments included, "Oh yes, I feel safe. It's a safe environment and I can call on staff" and "I'm safe here."

Staff had completed training on safeguarding. When we asked staff would they would do if they thought a person was at risk of harm they knew to inform the registered manager. Staff were also aware of reporting to external agencies such as the Police and CQC.

At the previous inspection we found there were problems with some of the fire doors which did not close automatically to protect people in the event of a fire. At this inspection we did not find any fire doors that did not fully close and these were checked every week.

The registered manager and staff in the service carried out a number of checks to ensure they delivered care and support to people safely. This included checks on the fire equipment, weekly checks on window restrictors, portable appliances and gas safety checks. Regular fire drills had taken place both day and night to ensure all staff were a part of these practices and would know how to respond in the event of a fire.

The risks people experienced had been assessed and there were plans for the staff to follow to reduce risks and keep people safe. These included risk assessments relating to absconding, self-harm and physical aggression. The staff reviewed and updated risk assessments monthly. We discussed the current document with the registered manager and although this provided information for the staff team it did not record the level of risk people or others might face. The registered manager confirmed they would review the form used and make improvements to it to ensure it gave more guidelines and that it considered the level of risk. Thus giving additional information to staff. We saw evidence of the new risk assessments two days after the inspection.

The registered manager informed us that there had been no incidents since the last inspection. They confirmed they would learn from incidents as and when they occurred.

At the last inspection we saw one staff member had been noted on the staff rota to work many days in a row. This had been addressed at the last inspection and we checked the staff rota at this visit to ensure staff were

taking time off work. We saw staff did not work too many hours or days in a row. The registered manager was in the process of recruiting for one full and one part time support workers but stated these vacancies had not had an impact on the support people received. External agency staff were not used and so people were supported by familiar staff who knew their needs.

We saw that there were either three or four staff members working on shift, not including the registered manager. The staff team comprised of a mix of experience and gender in order to meet people's individual needs. Staff we asked confirmed that there were enough staff working on each shift.

There were appropriate procedures for the recruitment of new staff. These included inviting the staff for an interview and carrying out checks on their identity, employment history, eligibility to work in the United Kingdom, references from previous employers and criminal records. We saw evidence of these checks in the staff files we examined. People using the service were also involved in meeting and interviewing potential new staff so that they were a part of deciding who supported them.

Systems were in place to make sure people safely received their medicines as they were not able to self-administer their own medicines. One person told us, "The staff give me my medicines which is fine by me." Clear information on the medicine, its side effects and why it was prescribed was available for the staff team to view. We counted one person's medicines and the amount was correct at the time of the inspection. We viewed a sample of medicine administration records and these had all been signed by staff when medicines had been administered. We saw no gaps on the records we viewed. The fridge temperature where insulin was stored was taken every day to ensure it was within a safe range.

Staff had training on this subject and assessed by the registered manager to ensure they were competent to carry out this task safely. There were clear instructions on safely administering medicines to people and a policy and procedure outlining the duties for handling, recording and administering medicines.

Is the service effective?

Our findings

Staff had the training, support and information they needed to care for people. There were regular team meetings and we saw these included discussions about key procedures and the people living at the service. The staff also had regular formal supervision meetings with the registered manager and annual appraisals. These were recorded and included discussions on the staff member's practice, training needs and career development. The registered manager also told us they gave some staff additional responsibilities and tasks to help them develop their skills.

New staff received an induction and spent time shadowing experienced staff. The registered manager also told us that two staff had completed the Care Certificate which are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. Staff also completed ongoing training both face to face and online. Topics included first aid, dementia and infection control. Staff were also supported to undertake more in depth courses in diabetes and safeguarding, along with obtaining a national qualification in health and social care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sent applications to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. They had a document in place to record when these were due to expire and when people had been assessed so that they could monitor this.

We asked people if they had any restrictions living in the service. One person told us, "Staff definitely respect my choices" and another person said, "I am alright, staff let me do what I want to do." People's care records showed they had been involved in planning their own care and support and had consented to this. Most of the people could read and write so they could understand their care plans. The people we asked confirmed they had seen their care plans and knew information was written about them which they had agreed to. There was evidence of regular meetings with people to discuss and review their care and support and, where possible, they had signed agreement to their care plans.

We met with a professional who would be visiting a person every eight weeks in relation to the DoLS that was in place for them. They confirmed their visit was to ensure the person's rights were not being unlawfully restricted and that the service supported people whilst following the DoLS. There were no conditions for the four people who had a DoL in place.

Staff received training on DoLS and MCA and were able to describe how they worked to offer choices for the people using the service. One staff member told us, "Our role is to encourage them to be independent" and another said, "We don't assume that they don't have capacity."

People's nutritional needs were met and they had a choice of freshly prepared meals. People said they liked the meals and confirmed there were plenty of choices. People living in the service were involved in planning meals and we saw there was a menu of the meals people enjoyed. Where possible, people said they made their own drinks and small meals. Staff confirmed most of the meals were cooked from scratch and we saw people helping staff prepare the meals. Where they had an identified the need for professional input, such as seeking advice from a dietician, we saw this had been actioned. We were told no-one was at risk of malnutrition or dehydration, however, staff recorded what people ate so they could monitor if there were any sudden changes in people's usual eating habits.

There was evidence people had opportunities to see the healthcare professionals they needed to stay healthy. Staff recorded information from healthcare appointments and any changes to a person's planned healthcare. People's weight was checked on a regular basis so that changes could be quickly responded to.

Where people had specific needs related to a health condition, such as diabetes, we saw there were clear guidelines in place for staff to inform them how to support the person. People who had a learning disability also had a patient passport which held a summary of their needs if they were admitted into hospital. This ensured professionals supporting them in the hospital had guidance on how to safely support the person.

The environment was suitable to meet the needs of the people who lived there. Each person had their own bedroom which they had personalised. People told us they had chosen items of furniture and were able to display their personal belongings. There was a choice of communal areas that were well decorated and comfortably furnished.

Is the service caring?

Our findings

As with the previous inspection the feedback from people using the service about the staff team was positive. They commented that the staff were "Quite good", "kind" and "The atmosphere is nice and the people I live with and the staff are nice." One person was enthusiastic about the service and said, "I very much like living here."

Feedback from professionals regarding the staff team was also complimentary. One professional told us, "The care that the clients receive is excellent," whilst another commented, "I find all the care staff to be very caring and professional" and "I observed interaction between staff and service users and this was hearty and sensitive."

We observed throughout the inspection that staff interacted with people, tried to engage them in activities with the other people living in the service or to take part in a one to one activity. The atmosphere was calm and relaxed with people spending time in different parts of the service.

We saw staff knock on people's bedroom doors before entering and those people who wanted a key code fitted to their bedroom door had this in place. One person confirmed "I could lock my door, but I choose not to."

The staff knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. People's care records included a short summary about them. This gave staff, in particular new staff, an overview about the person and included how they spent their day and how they liked to be supported. For example in one person's profile it stated 'I need to know what I will be doing with my time every day.'

People's cultural and religious needs were respected and met. People were supported to attend their preferred place of worship and if they wanted particular meals to meet their dietary requirements then this was met.

Is the service responsive?

Our findings

At the previous inspection in April 2016 we found there were areas in people's care records and daily notes that needed to be improved. Some of the records had not been reviewed and staff had not always fully completed documents. At this inspection we found improvements had been made.

There had been no new admissions since the last inspection but we saw there was a pre-admission assessment in place to assess a person's needs prior to them moving into the service.

People's care plans were personalised and gave staff clear guidance about how to meet people's identified needs. Records described the help people might require and where they could complete tasks for themselves. This enabled staff to have an understanding of people's abilities, likes, dislikes and routines. The care plans covered all of their social and health care needs and staff reviewed the care plan monthly. Staff completed daily care notes to record the care and support each person received each day.

People met a member of staff on a regular basis to talk through any concerns. If people did not want a meeting staff had now documented when these had not taken place and why.

People's care records had been dated and showed they were often reviewed to make sure they contained up to date information.

People were encouraged to take part in a range of activities depending on their interests. Some people could go out without staff support but choose to have staff with them to make them feel safe. One person told us, "I could go out alone but I feel better if I have staff with me." Another person said, "There's lots I can do, I'm not bored here." During our inspection, people using the service went out with staff for part or all of the day. Activities included, attending college, going to the cinema and spending time with family members or friends. In the service we saw people playing dominoes and scrabble and the registered manager confirmed holidays would be planned for 2017 as these had been successful with people enjoying having a break.

A professional was very positive about the care and support the person using the service received. They said, "I have been very happy with this service and my service user has thrived since living there." They also confirmed that "The home took all the residents on holiday last year and my service user had a fantastic time." People we spoke with confirmed they had enjoyed the holiday and one said "I wish we had stayed there for longer."

The registered manager enabled people using the service and others to comment on the care and support they received. They used these comments to make improvements to the service they provided. The last satisfaction surveys were carried out in March 2016 and were seen at the previous inspection. The registered manager confirmed they would be carrying these out again later in 2017 along with a food satisfaction survey, which had also been completed in 2016.

Meetings were also held for people using the service so that they could hear news about the service and to receive any updates from the staff team. These were held approximately every three months but as the service was small regular communication took place between the registered manager and the people using the service.

The registered manager had produced a clear complaints policy in a format that was suitable for people using the service. When we asked people what they would do if they had a complaint or were unhappy they told us, "I can give feedback anytime and I would go to the manager,"

The registered manager had a record to note complaints clearly and included details of any investigation and the outcome. They confirmed there had been no formal complaints but they did record minor concerns and ensure these were listened to and addressed.

Is the service well-led?

Our findings

At the last inspection we found shortfalls in some of the audits which had not identified the issues we had found. At this inspection we saw checks had improved, were more detailed and regular to ensure there was continuous improvement in the service.

We viewed a sample of the audits carried out by the registered manager and staff team. We saw every person's medicine was checked and counted each week which ensured people safely received their prescribed medicines. The registered manager confirmed there had been no medicine errors. Other audits undertaken included, checks on the environment, infection control and health and safety checks to monitor quality in the service and identify where they could make improvements. All of the checks and audits we saw were recorded and up to date.

People using the service spoke highly of the registered manager and staff team. They told us, "The manager is friendly and I can talk with him," "the manager is wonderful and a good listener" and "Staff are always available for me."

Staff confirmed they found the registered manager "approachable" and "helps out when he can."

Professionals were also complimentary about the staff team and registered manager. Their comments included, "The manager appeared knowledgeable and aware of the clinical needs of the service user," "The staff are extremely helpful and nothing is too much trouble" and "I can happily report that Heathfield House is one of the best care homes that I visit."

The registered manager had been in post for just over two years. 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. They confirmed they received updates from organisations such as Skills For Care, which provides advice and guidance to social care providers and from the CQC.

In addition to the registered manager, the service had two senior support workers to oversee the day to day running of the service and support the registered manager and staff.

The registered manager was visible during the inspection and interacted positively with the staff team and people using the service. They were keen to give information to people which we saw in the main hall of the service, this included the last Care Quality Commission (CQC) summary and easy read report. They informed us they would also be writing a new newsletter in 2017 which would also give updates about the service.