

Malhotra Care Homes Limited

Heatherfield Care Home

Inspection report

Lee Street
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Cramlington
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heatherfield Care Home provides accommodation, nursing and personal care to a maximum of 74 people. At the time of the inspection 67 people were receiving support in a purpose built building across 3 separate units; specialising in nursing care, younger people and dementia care.

People's experience of using this service and what we found

Most aspects of medicines were managed safely. The management of covert medicines and some documentation was not in line with the provider's policy. We have made a recommendation about this.

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. Some staff were not fully aware of people's individual risk assessment details. We have made a recommendation about this. The building was well maintained, and health and safety risks were assessed.

The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Infection control measures were in place, and visiting was managed in line with current guidance.

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

Care records were person centred. People were supported to eat and drink a balanced diet. Menu choices were not always presented to people living with dementia in line with best practice guidance. We have made a recommendation about this.

The management team worked in partnership with healthcare professionals to ensure people received appropriate support in a timely manner.

There was a positive culture in the service. Staff said the management team were supportive. Most relatives thought the service was managed well. Quality assurance checks were taking place, lessons had been learnt and improvements were made continuously.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2023).

Why we inspected

We received concerns in relation to end of life care and skin integrity. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heatherfield Care Home on our website at www.cqc.org.uk.

Recommendations

We have made recommendations in relation to menu choices, risk assessments and medicines management.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heatherfield Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors, a medicines inspector, an operations manager 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.

Service and service type

Heatherfield Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heatherfield Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning and safeguarding teams for their feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with 3 people who lived at Heatherfield Care Home and 11 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 9 members of staff including the registered manager, deputy manager, nurses, care staff, kitchen staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 visiting healthcare professionals.

We reviewed a range of records. This included 10 people's care records and 6 people's medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely for most people.
- Medicines were stored securely, temperatures were monitored on all units. Controlled drugs were stored securely, and with regular stock checks. However, we did find that medicines with a short shelf life were not always annotated with a date of opening, this meant people may receive out of date medicines. The registered manager addressed this immediately.
- Generally topical medicines were applied in line with prescribed instructions, and we found guidance was available to assist with application of these medicines; however, for 1 person we did find some medicated topical medicines were being applied by the incorrect grade of staff and were not being recorded appropriately. The registered manager assured us this would be rectified swiftly.
- Some residents were given their medicines covertly (medicines disguised in food or fluid following appropriate assessment). We found the necessary legal documentation in place to support this, however we found covert medication protocols were not always in place, which was not in line with the providers policy. This was raised on inspection and the registered manager has taken action to rectify the issues.
- Care plans were in place, and some contained person specific information however further work was needed for residents with complexities such as covert administration and diabetes.
- Protocols to guide staff on the use of when required medicines were in place, however more information was required for protocols with a variable dosing to ensure staff knew the amount to give and when.
- Processes were in place to record the use of thickening agents (medicines used to thicken food or fluids for people with swallowing difficulties).

We recommend that the provider reviews policies and processes relating to covert medicines; and they review medicines associated care plans and documents such as when required protocols to confirm they have the necessary information for staff to be able to safely care for people.

Learning lessons when things go wrong

- Lessons had been learnt from incidents. Learning was shared with senior staff in daily flash meetings, then disseminated to all staff.
- There were limited records in place to show these lessons had been learnt and shared at all opportunities, although staff were able to tell us about learning. The registered manager confirmed they would review their process for recording lessons learnt.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Appropriate mitigations had been put in place which were person-

centred. One person was at risk of self-harm, staff were aware of what action needed to be taken to ensure the person's safety.

- Some people were not supported fully in line with their care plan for de-escalation techniques. Staff were unable to explain the specific de-escalation techniques for these people. However, other generic techniques were observed being used and being effective. The registered manager confirmed they would address this with staff to ensure the care was person-centred.
- One person was at particular risk of choking but some staff were unaware of this risk. We raised this with the registered manager who took immediate action to rectify the issue.
- Health and safety assessments had been carried out for the building. Action to reduce risks identified was taken promptly.
- Accidents and incidents were recorded and investigated appropriately. Analyses of falls and skin integrity were carried out regularly, any trends identified were acted upon.

We recommend the provider ensures staff are aware of individualised care plans and risk assessments for each person.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities. Staff had received training in safeguarding and whistleblowing.
- The registered manager felt there was a good open relationship between staff and themselves.
- One relative said, "I feel that [person] is safe, is checked up on every hour and during the night as well."

Staffing and recruitment

- There were sufficient, appropriately trained staff to care for people safely. The registered manager had increased staffing over recent months. One relative said, "The staffing situation is better than it used to be and staff are prompt in coming when needed."
- Some relatives commented that there was a high turnover of staff. Records showed that staff was maintained at appropriate levels at all times. When agency staff (staff who cover one or more shifts due to absences such as sickness but are not employed directly by the service) were used they received an induction to the service and the people they were caring for.
- Staff were recruited safely, with all necessary pre-employment checks completed in line with best practice guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were enabled to receive visitors. There were no restrictions in place on visiting, which was in line with the current guidance at the time of the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and care delivered within the requirements. Systems were in place to assess people's needs before they used the service.
- Care records were person-centred and detailed. Areas of importance were carried through care documentation as a theme which helped ensure staff were aware of all key information about a person.
- People received support from other healthcare professionals in a timely manner. Recommendations about people's care from professionals was recorded and implemented
- Relatives gave mixed feedback about their involvement in people's care. A number of relatives said they were not involved in care planning by the service. One relative said, "I have never seen or reviewed [person's] care plan but recently had a meeting with the manager, NHS, and social services to discuss [person's] needs and requirements." Another relative said, "I have not been involved in any discussions about [person's] care, no, just seem to be a passenger in this, and I have not seen [person's] care plan and no one has followed up anything with me."
- A visiting professional said, "The care files are always up to date. There are always staff to help if there are challenges."

Staff support: induction, training, skills and experience

- Staff were well supported. Staff had received suitable training to provide safe care to people. Specialist training had been undertaken around enteral feeding (PEG) and dementia care.
- Staff received an induction before starting work. One member of staff said, "I had a two day induction and was supernumerary for 4 weeks whilst I learnt the role. I have my competency assessed by the registered manager regularly."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink appropriately. Some people were on modified diets, the chef explained how suitable meals were prepared for people.
- People made their meal choice verbally before the mealtime but were not shown the options in physical form. There were no pictorial menus at the mealtime we observed. This is not in line with best practice guidance.

We recommend the process for people making menu choices is reviewed in line with best practice guidance.

Adapting service, design, decoration to meet people's needs

- The design and décor of the building was bright, fresh and clean. The unit for people living with dementia included some dementia friendly signage. There were a small number of memory boxes in place to help people identify their own bedrooms, however most of these were empty.
- In the unit for younger people, people's rooms were highly personalised.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA. The provider had systems in place to record people's capacity and decisions made. Decisions about people's mental capacity were person-centred and used the least restrictive option to keep people safe.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff had created a positive culture. Relatives said the service, "has a nice atmosphere", "the atmosphere is ok, the staff are generally quite caring", and "it feels quite good, all the staff get on with each other and I know [person] is settled."
- Staff helped people achieve good outcomes. One person had been supported to get a car so they could maintain their independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Staff and managers understood their roles. The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified action was taken to address them.
- Actions identified through audits were held in a central action plan. The management team had made changes in a timely manner, improving the service continuously.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of the service. The management team were working to improve engagement for people and their relatives by reintroducing regular residents meetings.
- Staff said the management team were approachable and listened to them.
- People's equality characteristics were recorded and considered throughout care planning documents. Personalised activities took place. One person had recently taken up running and the service supported them to do this safely.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were referred to specialist services such as the falls team or behaviour team in a timely manner.
- One visiting professional described the registered manager as 'very confident' in relation to the care and

treatment people receive. Another visiting professional said, "The paperwork is always up to standard and [the deputy manager] always attends reviews, which is really helpful and not the norm. It is always clean."