

Wellburn Care Homes Limited

Heatherdale Residential Home

Inspection report

South Broomhill
Morpeth
Northumberland
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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

Heatherdale Residential Home provides care and accommodation for up to 36 older people some of whom have a dementia related condition. Accommodation is split over two levels with lift access to the first floor. There is an enclosed garden to the rear of the building. There were 35 people living at the home at the time of the inspection. The service also provided day care. We did not inspect this element of the service because it was out of scope of the regulations.

We last inspected the service in November 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no ongoing organisational safeguarding matters regarding the service.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe. Medicines were managed safely.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

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.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Care plans were in place which detailed the individual care and support to be provided for people. Arrangements for social activities met people's individual needs.

There was a complaints procedure in place. No complaints had been received since our last inspection.

Audits and checks were carried out to monitor all aspects of the service. Action plans were developed to highlight any areas which required improvement. Staff were very positive about working for the provider and the registered manager. They said they felt valued and enjoyed working at the service. We observed that they applied this positivity in their roles when supporting people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Heatherdale Residential 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 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.

The comprehensive inspection took place on 17 January 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with 15 people who lived at the home. We also spoke with two relatives. We also consulted with a GP who was visiting the home on the day of the inspection.

We talked with the registered manager, two team leaders, four care workers, the kitchen technician and maintenance man. We examined two people's care plans in depth and care records relating to another two people. We also checked records relating to staff and the management of the service.

We consulted with a member of staff from Northumberland local authority safeguarding team and a local authority contracts officer in advance of our inspection and used their feedback to inform the planning of

the inspection.

Is the service safe?

Our findings

People told us they felt safe. This was confirmed by relatives. Comments from relatives included, "She is really safe" and "We go away knowing she is well cared for and looks happy and is safe."

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. This meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified.

The building was well maintained. This was confirmed by people, relatives and the GP with whom we spoke. One relative said, "The maintenance of the building is good. It's homely – we've seen improvements. They've taken some of the carpets up and laid new flooring and there's new radiator covers. It shows that there's ongoing improvements." The GP said, "It's aesthetically pleasing." Checks and tests were carried out on the electrical installations and the gas, water and fire alarm systems, to ensure the building was safe.

There was a safe system in place for the management of medicines including controlled drugs [those medicines liable to misuse]. A new medicines room had been built which had air conditioning and ample storage. We observed medicines being administered safely and in line with the provider's medicines procedures. Medicines administration records were completed accurately.

We checked staffing levels at the service. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. The GP told us, "There's always plenty of staff around when I come in." We examined staff recruitment procedures. These were thorough and showed that checks were carried out to confirm applicants were suitable to work with vulnerable people.

Is the service effective?

Our findings

People and relatives told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. One relative said, "The staff are very intuitive to her needs." The GP said, "Staff are always very receptive to any advice."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager had completed DoLS applications in line with legal requirements.

Staff were following the principles of the MCA. Mental capacity assessments had been completed for specific decisions such as the use of sensor mats, voting and medicines management. Best interests decisions had been made following consultation with healthcare professionals in relation to 'Do Not Attempt Cardiopulmonary Resuscitation' [DNACPR]. Staff sought people's consent before carrying out any care or support.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in health and safety and other key topics related to the needs of people who lived at the service, such as dementia care. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

People were supported to receive a healthy and nutritious diet. People were complimentary about the meals. Comments included, "The meals are tip top," "The food is nice but I'm so picky" and "The meals are fantastic." A new catering system was in place. The meals were attractively presented and smelt appetising. Staff provided discreet support to ensure people received sufficient amounts to eat and drink.

People told us and records confirmed that staff supported them to access healthcare services. Records demonstrated that people saw the GP, specialist consultants, opticians and chiropodists. Each person also had a 'Hospital passport.' These contained details of medical and personal information. This document could then be taken to hospital if people needed care in this setting, to ensure that all professionals were aware of the individual's needs.

Is the service caring?

Our findings

People and relatives told us that staff were caring. Comments included, "It's just like one big happy family" and "The staff are so kind." One relative said, "Staff are so good, they sit and chat with her."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One member of staff said, "I have time for everyone, it means such a lot to them" and "I sit and have one to ones with people – we have banter together." Staff were knowledgeable about people's needs and could describe these to us. One member of staff said, "We know them so well. [Name] likes his teddy bear on his pillow and [Name] likes a sherry before going to bed, it's just the little things like that which makes their lives better."

Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. We noticed positive interactions, not only between care workers and people, but also other members of the staff team. One relative said, "The staff are all caring from the manager to [name of maintenance man]." This was confirmed by our own observations. We saw the kitchen technician sitting next to one person holding their hand. There was a lot of laughter between staff and people. We heard the maintenance man tell one person, "I've told this lass [inspector] that we are good mates." The person replied jokingly, "You must be dreaming" and gave us a wink!

We found the care planning process centred on individuals and their views and preferences. Staff were in the process of developing people's one page profiles, which gave an overview of people's preferences. One person's care plan stated, "[Name] likes listening to music, not rowdy music" and "[Name] likes to use her own china cup."

Staff treated people with dignity and respect. They spoke with people in a respectful manner. People who required assistance with their meals were supported in a smaller lounge area to protect their dignity. There were a number of men living at the home. We noticed that all the care staff were female. We spoke with some of the male residents who lived at the home to find out whether this was an issue. Comments included, "I'm not bothered," "Not a problem" and "All the girls are all tip top." The manager told us that no one had requested a male member of staff to support them. She explained, and our own observations confirmed that the maintenance man who had carried out training in all areas was always available and had a good relationship with the male residents at the home.

People and relatives told us that they were involved in decisions about people's care. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. One person said, "Whenever I need them, they are there."

We read people's care plans and noted these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. We read that one person did not like noisy environments. This meant information was available to ensure staff were aware of any factors which may affect people's wellbeing.

Monthly reviews were carried out. This meant there was a system in place to review people's care to ensure that care and treatment continued to meet people's needs.

Emergency health care plans [EHCP] were in place in some of the files we viewed. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. The GP told us, "They [EHCP] have reduced unnecessary hospital admissions."

People and relatives told us that people's social needs were met. One relative said, "She has a better social life here than she did at home." Two staff were responsible for the provision of activities at the home although the manager said, "The onus is on all staff to do activities, activities are everybody's business."

A varied activities programme was in place. We looked at the activities book which contained a photographic record of all the events at the home. We read comments such as, "[Name] loved the Tai Chi," "[Name] planting his strawberries," "Trip to Heighley Gate [garden centre]" and "Filling the Christmas boxes for the Romanian children."

The service had their own 'work car' which was used on a one to one basis if people wanted to go shopping or needed to go to a hospital appointment. The provider also had their own mini bus and the home had access to this bus once or twice a month, so larger groups of people could go out together.

There was a complaints procedure in place. No complaints had been received since our last inspection. None of the people or relatives with whom we spoke raised any concerns about the service. One person said, "I can't fault it." A relative said, "Nothing could be improved."

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. She had been registered with the Care Quality Commission (CQC) since the home had originally registered with CQC in 2010.

People, relatives and the GP with whom we spoke were positive about the service. One person said, "It's absolutely tip top." A relative said, "There's nowhere better" and the GP said, "I would happily put my relatives in here" and "It's a good home and it absolutely meets the family and friends test."

A variety of audits and checks were carried out to ensure that people received safe, effective and responsive care which was provided by competent staff. Action plans were in place which detailed actions to be completed and timescales involved. Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place.

Surveys were carried out to obtain people and relative's feedback. Regular 'residents and relatives' meetings' were also carried out to ensure that people and their representatives were involved in the running of the service.

Communication systems at the home were effective. Staff meetings were held regularly and staff informed us that they could raise any issues and their views would be taken into account. Handover meetings were also carried out at the beginning of each staff changeover to ensure consistent and safe care was provided. The manager came in at 6.45am to attend the first staff handover. She told us, "I come in so I can pass any important messages onto staff and find out what's happening; it keeps me up to speed."

Staff told us that they enjoyed working at the service and morale was good. One staff member said, "I love it I really do. I love being with the residents. I totally love my job." We observed that this positivity was reflected in the care and support which staff provided throughout the day.

The provider was meeting the conditions of their registration. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.

The provider was displaying their previous CQC performance ratings, both at the service, and on their website in line with legal requirements.