

Mrs Gwendoline Ruby Heywood

Heywood Lodge

Inspection report

43 Western Road
Billericay
Essex
CM12 9DX

Tel: 01277659343

Date of inspection visit:
04 November 2019

Date of publication:
27 November 2019

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

About the service

Heywood Lodge is a residential care home providing personal care to 5 people aged 65 and over in one adapted building. The service can support up to 7 people.

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

People informed us they received a consistently good service and felt safe with the support they received from the staff.

Each person had a care plan containing a risk assessment. Staff were aware of people's needs and how to support them. This included recorded information in the care plans regarding people's prescribed medicines and staff had received training in the administration of medicines. Staff were recruited through a robust recruiting procedure. People informed us that there were sufficient members of staff on duty at all times to support them.

Staff knew people well and provided support to them in the way they wished. People's individual needs and preferences were recorded and understood by the staff. Support was provided which ensured people received nutritious food and drinks of their choice. Staff were supported through planned training, supervision and a yearly appraisal.

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

People were involved in decisions about their care and staff sought appropriate consent and asked people what help they needed. People received care that respected their privacy and dignity as well as promoting their independence wherever possible.

Each person had an individual care plan including an assessment of their needs, risk assessment and detailed information about how to achieve agreed goals. People told us that their personal care and support was provided in a way which maintained their privacy and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported,

The service had a complaints policy which had been designed so that it could be understood and used by the people using the service.

The service was well-led by a dedicated manager who demonstrated understanding and commitment to the needs of the people who used the service. The registered manager carried out audits of the service activity and sought the views of the people using the service.

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 and the report was published on (8 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Heywood Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heywood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experiences of the care provided. We spoke with the registered manager and three members of staff. We reviewed a range of records. This included two people's care records and medicine records. We look at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- Members of staff were aware of their responsibility to report concerns to the relevant external agencies. One member of staff told us, "I have had safeguarding training and know how to report."
- People we spoke with told us they felt safe. One person told us, "I feel very safe because I know the manager and all of the staff very well." A relative told us, "I have no concerns about safety and feel my relative is looked after very well."

Assessing risk, safety monitoring and management

- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes.
- The service assessed risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, travelling and nutrition.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).

Staffing and recruitment

- The service had robust recruitment practices in place. New staff were appointed only after checks were completed which ensured they were of good character to work with people who had care and support needs.
- There were enough staff to meet people's assessed needs consistently. People had developed a positive relationship with care staff who knew them well. This supported people to feel safe in their home.
- Staff were allocated time during each shift to spend with the people using the service to talk with them and to check how they were feeling.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. One person told us, "They never miss and always bring the tablets on time."
- Records showed people received their medicines as prescribed.
- When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately.

- Competency assessments were completed for all staff. A member of staff told us, "I have had medicine training and this is regularly repeated." The registered manager observed staff in practice which helped to ensure they were safe to give prescribed medicines to people.

Preventing and controlling infection

- The service was clean and there were appropriate procedures in place to manage and prevent infection control risks.
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons as required.
- People who used the service and relatives told us staff practiced good infection control measures.

Learning lessons when things go wrong

- Incidents and accidents were reported by care staff. These were reviewed and investigated by the registered manager to determine if any action was required to reduce the risk of recurrence.
- Lessons were learned when things went wrong. The registered manager held regular staff meetings and implemented actions as necessary to improve the service and to keep people safe.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Peoples were assessed before they started to receive support from the service. Information was recorded into an assessment tool and included people's needs, preferences and personal histories.
- The service supported people flexibly to meet people's their needs. One person told us, "The staff ask me what I want to do each day such as time to get up and I do want a bath or a shower."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. Staff told us they had access to a range of training which fully equipped them for their role. A relative told us, "The manager and the staff are very confident."
- Staff informed us about the training they had completed and were aware of the on-going training arranged. One member of staff told us, "I look forward to learning and updating my training the manager has supported me to do a qualification in care."
- Staff told us they felt well-supported. They received regular supervision and an appraisal. One member of staff told us, "You can ask the manager for help and they always support you."

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

- The staff had worked with people to identify their food choices and healthy options.
- One person told us, "I have three meals a day plus snacks and each meal is cooked, I am very happy with the arrangements."
- During our inspection we saw staff offering people a choice of drinks and snacks.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked with people using the service to arrange appointments with other professionals to support the person's well-being. Information regarding appointments were recorded in the person's care plan.
- One person told us, "No real problems here as we are next door to the GP surgery and the Chiroprapist comes every six to eight weeks."
- Peoples care plans contained information regarding dental appointments and how the service supported them to meet their needs.

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

- The service was well maintained and decorated in a homely style. The gardens included areas where

people could spend time when they wished among pleasant bushes and shrubs.

- People's rooms had been individualised in accordance with their preferences and were highly personalised.
- During our inspection we saw that the dining room was being redecorated and people were involved with the planning and choices.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with professionals to ensure people were supported to access health services and had their health care needs met. Staff had followed guidance provided by these professionals which had been explained to the people using the service.
- Relatives informed us that healthcare support was arranged as necessary and the information recorded and they were kept appropriately informed.

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 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. 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.

- Staff offered assistance and sought people's permission before providing care and support.
- Care records contained assessment of people's capacity and ability to make specific decisions.
- The staff had received training in MCA as arranged by the registered manager and spoke with us about how they supported people to make decisions and ensure these were recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff treated them with respect and understanding. One person told us, "The staff are lovely and are like a family to me."
- We observed a positive rapport between the people living at the service and the staff. One person told us, "I like the staff here they work with a smile and are always pleasant." A relative told us, "The staff are caring and do a lot for [my relative]."
- Staff responded promptly to people's needs and provided reassurance. We heard staff speaking kindly and with supportive encouragement to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were directly involved in the planning of their care and support. Their views were detailed in people's care plans regarding their preferences and choices.
- People informed us that they were offered choices and staff listened to them. One person told us, "Although they know me well they never take anything for granted and always ask or check upon what I want."
- People were offered the choice about when they chose to get up and when they wished to go to bed. This information had been recorded in people's care plans. One person told us, "I really do like it here, one big happy family and that includes the lovely dog."

Respecting and promoting people's privacy, dignity and independence

- People were supported to do as much as possible for themselves. One person told us, "The staff help me to wash but I do need as much help to dress."
- People's privacy was respected because confidential information was held securely in the office location.
- People were treated with compassion by knowledgeable staff who respected people by addressing them with the name they wished to be called.
- The staff promoted people's independence by discussing options with them and supporting the choices they made. One person told us, "The staff are very good they do some shopping for me and take their time to get the right things."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a service that was person-centred because the staff responded to their individual needs and preferences. People and their relatives as necessary were involved in the planning and review of their care.
- Prior to joining the service an assessment was carried out to determine if the staff could meet the person's needs.
- Each person had a care plan which stated their needs and how the needs were to be met and their life history has been recorded with their preferences of how they wished their care to be provided.
- The service provided consistent staff which helped to develop positive relationships between the people using the service and staff members. One person told us, "I know every staff member very well."
- Information was available in the event of a medical emergency within the person's care plan to share with other professionals to help them understand how best to communicate with the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people if so required in larger print.
- People's care plans included detailed information and guidance for staff about the person's communication preferences and styles.
- A relative told us, "The staff communicate very well with [my relative] and do keep us informed."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage with a variety of activities within the service. A selection of board games and painting equipment was available in a communal lounge.
- A staff member attended the service three times per week to arrange and carryout activities with the people living at the service. One person told us, I do enjoy when she comes, we often play a game and we do other entrainments with the staff on other days."
- Visitors were actively encouraged to visit and people were supported to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. The registered manager informed us they spoke with each person using the service whenever they were on duty and hence this approach and support helped to resolve any matters quickly.
- Information about how to raise a complaint was given to people. People using the service had helped to develop this and included a pictorial format.
- People felt able to raise concerns if they wished to and none of the people we spoke with as part of this inspection said they had raised any formal complaints.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.
- The registered manager was confident that the staff could support people at the service should they deteriorate in health with the help of other professionals such as hospice nurses.
- People would be supported to remain with the service in their own home and supported by staff who knew them well should this be their wish.
- Staff had received training in end of life care.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 service had a statement of purpose to explain to everyone the aims and objectives of the service.
- People were consulted about the running of the service and empowered to share their views and opinions with the staff.
- The service was led by an experienced registered manager who knew the people using the service well and actively supported the care staff in their roles.
- People and their relatives told us they were happy with the way the service was organised and delivered. One relative told us, "The manager is in contact with us for all important information."

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

- The registered manager understood their responsibilities under the duty of candour and were open and honest throughout the inspection process.
- People living at the service and their relatives told us they had been kept informed of situations that had occurred within the service and asked for their views. A relative informed us, "The staff contact me if there is a problem."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure. The staffing rota was organised well in advance. One member of staff told us, "The manager will always help with holiday requests and if you ever need to change a shift at short notice."
- The registered manager arranged the reviews of people's care plans, audits and staff training and supervision.
- Staff understood their roles and responsibilities and found the management team supportive.
- Staff felt valued and well-supported by the management team because they were available to support at anytime from the on-call process.

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

- People told us they were encouraged to comment on the care delivered to them. One person told us, "The manager asks me how I am and am I happy with the care very often."

- Relatives told us they were encouraged to provide feedback on the care delivered. A relative told us, "I can speak with the manager or any of the staff at anytime."
- Staff spoke positively about the support they received from the registered manager. A member of staff told us, "We have been asked about the length of hours we work on each shift."
- The staff we spoke with told us they felt well supported. One staff member said, "I like working here because the people and the manager appreciates us."

Continuous learning and improving care

The registered manager worked to a system of reviewing the service on a monthly basis and took any action necessary as identify by the quality audits.

- Staff felt supported by a culture of continuous learning and improvement. Staff informed us that the registered manager was supportive of training requests and open to new ideas.
- The service acted upon the results of surveys with people using the service, their relatives, professionals and staff to develop and improve the service.

Working in partnership with others

- The service worked with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health care professionals.
- The service worked with other professionals as necessary to support people at the service such as district nurses.