

Saffronland Homes 2 Limited

Glen Heathers

Inspection report

48 Milvil Road
Lee-on-the-solent
PO13 9LX

Tel: 02392366666
Website: www.saffronlandhomess.com

Date of inspection visit:
17 June 2019

Date of publication:
16 July 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

Glen Heathers is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 53 people.

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

There were enough staff available to support people. The environment was clean and people had access to appropriate equipment where needed. Medicines were administered safely and as prescribed. Risks associated with people's needs had been assessed, were understood and managed by staff, which meant people were safe from harm.

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. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People were supported by staff who showed kindness, compassion and respect towards them. Staff maintained people's privacy and dignity whilst ensuring they were involved in decisions about their care.

Staff's knowledge of people's history, preferences and risks associated with their care and support needs was good. Differing communication needs were recognised and where required information was presented in an accessible format. Activities had improved, and people accessed the community if they chose to. People knew how to raise concerns.

People had confidence in the registered manager and told us they would recommend the service to others. The registered manager was open and transparent. They understood their regulatory responsibility and engaged people as much as possible. A quality assurance system was in place to assess and monitor the service, which had led to improvements for people.

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 Inadequate (published 30 August 2018). Since this rating was awarded the provider has changed its legal entity. We used the previous rating to inform our planning and decisions about the rating at this inspection.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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.

Glen Heathers

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 team consisted of 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.

Service and service type

Glen Heathers 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including notifications and previous inspection reports. A notification is information about events that by law the registered manager should tell us about, for example, safeguarding concerns, serious injuries and deaths that have occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, clinical lead, senior staff, care workers and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing interactions between staff and people in communal areas of the home to help us understand the experience of people who could not talk with us.

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

After the inspection

We looked at training data and quality assurance records. We requested feedback from three external health and social care professionals who visit the service.

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, under the provider's previous legal entity this key question was rated as Inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Significant improvements had been made to the assessment and management of risks for people since we last inspected this service in June 2018, under the previous legal entity.
- People's care plans now contained risk assessments linked to people's care plans. These related to a variety of needs, including their skin integrity, nutrition, mobility, falls, behaviours, the use of bed rails and specific health conditions. The combination of the risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- People were involved in risk taking decisions. For example, one person had chosen to continue smoking, they were aware of the risks and staff ensured they were supported to carry on safely. For example, they were provided with a safe area to smoke where they could be observed.
- Observations demonstrated that people's care plans were adhered to and that the support provided to people was being monitored to ensure it was safe. For example, previously where people were using pressure relieving mattress to reduce the risks of skin breakdown, the mattresses were not always set correctly despite being checked. At this inspection we checked a number of these mattresses and found they were set correctly and the checking of these had improved.
- Previously we were concerned that action was not always taken when clinical observations indicated potential health concerns. Routine clinical observations were undertaken monthly and we found no concerns that action was not taken where it was needed.
- Incidents and accidents were monitored by the registered manager and clinical lead. Where incidents occurred in the home the registered manager ensured these were investigated. Staff confirmed that discussions took place to establish what they could have done differently in order to learn lessons and reduce the likelihood of reoccurrence.

Preventing and controlling infection

- Significant improvements to the cleanliness of the environment and equipment had been made since we last inspected this service in June 2018, under the previous legal entity.
- At this inspection we found the home was clean, tidy and odour free. Equipment, including bed bumpers, were clean and those previously found to be worn had been replaced. Chairs had been replaced and were clean. Carpets and flooring were clean.
- Domestic staff were employed within the service and staff completed regular cleaning tasks in line with set schedules full stop
- There were processes in place to manage the risk of infection and personal protective equipment (PPE),

such as gloves and aprons were available throughout all areas of the home. Staff were seen using these when appropriate.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff told us staffing levels had improved, the use of agency staff had decreased, and they now had more time to spend with people. Throughout the inspection we observed that people were given the time they required and were not rushed by staff. People's requests for support were attended to by staff promptly.
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us this was reviewed at least monthly.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Medicine administration records (MAR) were completed as required.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Safeguarding policies and procedures were in place. Staff had training about safeguarding and understood types of possible abuse and how to identify these. Staff were knowledgeable about what action they would take if abuse was suspected.
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required. Where required these had been investigated and action taken to ensure staff were aware of any learning as a result.

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, under the provider's previous legal entity this key question was rated as Inadequate. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Significant improvements to the training for staff had been made since we last inspected this service in June 2018, under the previous legal entity.
- People received effective care from staff that were skilled, competent and suitably trained.
- Since the last inspection staff had received further training in diabetes and the administration of insulin. Staff were able to talk to us about this condition, the risks associated with this, what they would monitor for and the action they would take if they were concerned. Staff administering insulin had also had their competence to do so assessed. All except one member of laundry staff had received further infection control training and we found notable improvements in the cleanliness of the environment. Whilst we noted some staff still required training in challenging behaviours, mental health awareness and dementia, we also noted that more staff had completed this since our previous inspection.
- Staff completed an induction when they started working in the home. Those who were new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support.

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

- Significant improvements to recognition and management of weight loss and increased risk of malnutrition had been made since we last inspected this service in June 2018, under the previous legal entity.
- Care plans provided guidance to staff about the support people needed at meals times. Kitchen staff had up to date information about the nutritional requirements for people. People's weight was monitored regularly and where people had lost weight, the frequency of this was increased, staff made attempts to increase calorie content for people and the management contacted external professionals for further advice and support.
- People were complimentary about the food choices and confirmed if they did not want what was on the menu they could request an alternative and this was provided. A variety of snack and drinks were made available for people throughout the day.

- Where people needed their meals or drinks provided in a specific way, such as pureed foods and thickened fluids, staff ensured this. Those at risk of choking were not left unsupported and those who required support received this in a manner that suited them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition) were in place and used to inform people's planned care.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare professionals this was organised, and staff followed guidance provided. Records confirmed regular access to GP's, practice nurses and other professionals such as the older persons mental health team.
- People told us if they needed to see a doctor they were supported to do so.
- Handovers between staff took place at each shift change and a communication book was in place to ensure that staff were aware of any changing needs or requirements.

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

- The home was well maintained, calm and people could move around freely. The environment had been adapted to promote people's independence and social inclusion.
- The corridors within the home were well lit with handrails along their lengths.
- People's bedrooms were decorated to their individual interests, with personal possessions, furniture and photos.
- People had access to a large, garden area. The registered manager told us there were plans to flatten the garden which would increase accessibility to people with limited mobility.
- Although some work had been done to make the environment more suitable for people with dementia some areas we highlighted during our last inspection, under the previous legal entity had not changed, such as directional signage was often small. The registered manager told us they were getting quotes for new clearer signage for the home.

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 <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed them gaining this throughout our visit.
- Staff told us how they supported people to make their own decisions and respected these even if they felt they were not always wise. For example, they told us about how they supported one person who chose to access outside areas in poor weather in shorts and who also chose to smoke. They were aware the person understood the risks involved and was able to make this decision for themselves.
- Mental capacity assessments had been carried out where it was deemed people were unable to make certain decisions for themselves. In these instances, we saw that best interests decisions making processes were applied.
- DoLS applications had been made where needed. Staff and the registered manager understood the implication of DoLS and the support people needed as a consequence. Two people had conditions imposed with their DoLS and the registered manager was able to explain how these were met.

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, under the provider's previous legal entity, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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 and their relatives spoke highly of the care they received from staff. One person told us, "The care is great and the staff are lovely. We have a laugh. If I didn't have them I don't know what I would do". A second person said, "My care is mostly excellent. There is the odd blip which they sort out". Relatives told us "The care is good. If we ask for something is usually done. If they can't do it they give us a good explanation why it can't be done" and "We are thrilled with the care {our relative} receives here. They let us know if anything happens and we can visit anytime we want".
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff recognised when people may be becoming anxious and spent time with them offering reassurance.
- We overheard conversation between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was little evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, gender, race and sexual orientation. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff were provided training in equality and diversity and were confident that no discrimination would be tolerated.

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

- People and their relatives confirmed they felt listened to and were involved in decisions about their care. One person said, "My granddaughter talks to the manager and they sort out my care plan. They listen to my family's concerns and make changes if needed". A second person told us "I do have a care plan and my husband is involved in the planning. I have physio twice a week. I don't like the hoist so I prefer to stay in bed".
- Resident and relative meetings also took place which enabled discussion about wider aspects of the service. One relative told us, "They have a resident and family meeting every two months and they listen to what we have to say".

Respecting and promoting people's privacy, dignity and independence

- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able and staff observed and provided guidance where needed.
- People's rights to privacy and confidentiality were maintained. Care records were stored safely and securely. Conversations took place discreetly where needed. Staff were observed knocking and waiting before entering people's rooms.
- One relative told us how the staff were working with them and their loved one to ensure some behaviours did not impact on the privacy and dignity of other people.

Is the service responsive?

Our findings

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

At the last inspection, under the provider's previous legal entity, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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 told us they felt their needs were met and relatives gave us examples of how staff responded to changing needs.
- One relative told us, "My main observations is the carers can't do enough. I just ask, and they do. [My relative] doesn't eat a lot and doesn't always want what is on the menu. The chef will make her what she wants. They are helping with so many things. They're helping to move her room around. They have changed her metal Zimmer to a triangle walker, so she can be more mobile".
- Care plans had been developed for each person. These provided sufficient information to enable staff to provide support in a personalised way. Care plans were reviewed regularly, and changes made promptly when needed.
- People's choices were recorded, such as any preferences about the gender of the staff supporting them and their preferences during the day and at night. For example, one person had requested a sign on their bedroom door, to remind people that they did not want any male care staff to support them. Another person had a sign to remind staff they did not want to be disturbed at night.
- Throughout our inspection we saw staff responded to people's individual needs and requests. Staff appeared to have a good understanding of individual likes, dislikes and preferences.
- Records indicated that staff responded to changing needs and sought input of other professionals. For example, GP visits had been requested when people showed signs of being unwell.

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.

- People's communication was considered within their care plans. For example, where people had communication needs, information was detailed in their care plans about how staff should support them to understand.
- Some people living at Glen Heathers benefitted from the use of communication aid such as pictures. We saw these were available.
- The registered manager told us that if people needed any other information in alternative communication formats/aids this would be provided.

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 maintain and develop relationships. Relatives told us they could visit at any time.
- The Activities Co-ordinator told us they were working on activities to meet individual needs and increase people's participation.
- We saw some improvement to activities had taken place. A clearer plan of activities was on display and external providers were used to enhance this.
- A relative told us, "In the five days since he came to Glen Heathers, he has been interacting and communicating very well with staff. I arrived today, and he was dancing. It's the first time in months he has engaged in activities". Staff told us they had time to spend with people encouraging them to engage with each other and participate in activities, which we observed taking place.
- Staff told us that where people were able to they accessed the community independently and that staff also ensured they were supported in the home to feel like members of the community. School children had been invited into the home, as well as supporting regular visits from the local church.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and people knew how to make a complaint. Where complaints had been made these had been investigated and acted upon.
- Everyone we spoke with told us they had no concerns about the care they received in the service but felt comfortable to raise any concerns and confident these would be acted upon.
- Records showed complaints were investigated, apologies provided where needed and lessons learned.

End of life care and support

- No-one living at the home was in receipt of end of life care. Some staff had received training in end of life care and were able to tell us how they would ensure people needs, preferences and wishes were met.
- A relative told us how families were involved. They said, "All the family are involved in the care planning and we agreed the end of life care, preferred place of death. Glen Heathers have been excellent and brought her back from the brink of death twice. She has been receiving palliative care for two years".
- However, plans had not been developed which reflected this. The registered manager was aware of the need to develop the care plans.

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, under the provider's previous legal entity, this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Significant improvements had been made to the governance of the home since our last inspection in June 2018, under the previous legal entity.
- The provider had a range of quality assurance processes in place, including multiple audits of the service. These audits included incidents and accidents, falls, weight, medicines, infection control, care plans and other more specific audits such as people's clinical observations. In addition, the provider's senior management team carried out inspections at the service and checked audits were taking place. Most of these had been effective in identifying concerns and driving improvements.
- We identified that some care plans would benefit from being more clearly linked to a specific risk assessment and could include more personalised detail. The registered manager was aware of this and was providing additional support to certain staff members to build their skills in care plan writing.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- The performance rating of the previous legal entity was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report. This demonstrated openness as it was not a legal requirement for them to do this.

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

- People spoke positively about the management of the service and told us they would recommend the home to others. Comments from people included; "If I had any worries they help me and I can talk the manager who will sort it out". One relative said, "The team is well led by [Registered Manager]. [Registered Manager] has been manager for two years now and is very hands on and is not stuck in an ivory tower. She made the decision to base her office downstairs so she was available to residents, staff and relatives".
- Another relative said, "[Registered Manager] has an open door policy. Everything we have asked for, so far, has been acted on or we have been given an explanation why not".
- Staff told us they felt improvements had taken place in the service. One staff member told us, "It's more organised, care plan and risk assessments give us enough information, staffing levels are much better and we are using less agency [staff]".

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- A relative told us, "I asked the deputy manager about the CQC report. The deputy manager was open and honest about the issues identified in the report and gave me a copy to take away and read. I read and made a second unannounced visit with a friend".

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

- People told us they felt involved in the home.
- People's individual life choices and preferences were consistently met. The registered manager and staff team were clear about how they met people's human rights. People and families were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service.
- Staff told us they felt supported in their role by the registered manager. One staff member said, "We can always make suggestions and are asked for feedback. [Registered Manager] really listens to us, sometimes when she notices stress levels might be high she will pull us all together just to talk about what's happening. [Registered Manager] is always talking to us about what we can do differently to make things better for people".
- Staff meetings were held regularly, and clinical meetings had commenced. Meetings were used to provide information, such as planned improvements to the environment, training and introducing activity ideas.

Working in partnership with others

- Staff had developed links to other resources in the community to support people's needs and preferences. These included the Care Homes Team and local authority.