

Mrs Gwendoline Ruby Heywood

Heywood Lodge

Inspection report

Heywood Lodge
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Tel: 01277659343

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

The inspection was completed on 11 December 2015 and there were six people living at the service when we inspected.

Heywood Lodge provides accommodation and personal care for up to seven older people and people living with varying degrees of dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment procedures were not thorough so as to ensure that staff underwent the appropriately checks and processes before being offered employment at the service.

People and their relatives told us the service was a safe place to live. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow, so as to keep people safe. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There was sufficient staff available to meet people's care and support needs. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety and wellbeing.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way. People told us that their healthcare needs were well managed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service were involved in making decisions about their care and support. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

Care plans accurately reflected people's care and support needs and people received appropriate support to follow their personal interests and have their social care needs met.

People told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The service had a positive culture that was person centred, open and inclusive. Although quality assurance systems were not formally completed the registered manager demonstrated that they were aware of all aspects of the service and knew the people who lived there, and the staff supporting them, well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Appropriate recruitment processes were not in place to ensure staff underwent robust checks before being offered employment at the service.

The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There were enough staff available to meet people's care and support needs.

People's medicines were safely managed.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals as and when they required them.

Is the service caring?

Good 

The service was caring.

People were treated with care and kindness. People were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good 

The service was responsive.

People's care plans were reflective of their care needs.

People undertook social activities and interests they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well-led.

Appropriate arrangements were in place to ensure that the service was well-run.

Opportunities were available for people to give feedback, express their views and be listened to.

Heywood Lodge

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 December 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We did not use the Short Observational Framework for Inspection (SOFI) as this was a small service and people living at the service spent little time in a communal area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, one person's relative, the registered manager and one member of staff.

We reviewed two people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

The registered manager was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not consistently safe.

Only one out of four members of staff had completed an application form. We found that satisfactory evidence of conduct in their previous employment, in the form of references, had not been requested or sought for each member of staff prior to their employment at this service. In addition, no proof of identification was available and the provider was unable to show that a request to the Disclosure and Barring Service (DBS) had been made for one person. The latter helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We discussed this with the registered manager. They told us that two members of staff were related to them and two members of staff were personally known to them. The registered manager believed that they did not need to complete the appropriate recruitment checks for these reasons. However following a discussion with us at the time of the inspection they recognised on reflection that the current recruitment procedures in place did not ensure people were protected by a robust staff recruitment process.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and secure. One person when asked if they felt safe living at the service told us, "Oh yes I feel safe, I have no concerns." Another person told us, "Why would I not feel safe living here. The staff are all very nice. I have no worries." One relative told us when asked if they felt that their member of family was kept safe, "Absolutely, most definitely they are safe."

People were protected from the risk of abuse. The registered manager told us and records confirmed that they and staff employed at the service had received suitable safeguarding training. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. The registered manager and staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. The registered manager confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Where risks were identified staff were aware of people's individual risks, for example, the registered manager was able to tell us who was at risk of poor mobility, poor skin integrity and at higher risk of developing pressure ulcers, poor nutrition and hydration and; the arrangements in place to help them to manage this safely. In addition the risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and safety. The provider had appropriate procedures in place to identify and manage any risks relating to the running of the service, such as, risks relating to the service's

fire arrangements and legionella were in place.

People told us that whilst some time was spent sitting within one of the two communal lounge areas during the day; they often preferred to spend time in their bedroom doing the things they wanted to do. People told us there were sufficient numbers of staff available as and when they required support and these were met in a timely manner. One person told us, "Staff are around if you want them." Another person told us, "The staff are very prompt if I need help or assistance. You do not need to wait long for support. I think that is very good." Relative's spoken with told us that there were sufficient staff available to meet their member of family's care and support needs and because the service was small, this provided their member of family with continuity of staff. Our observations at the time of the inspection showed that staff were accessible when people needed them.

People were satisfied with the way the service managed their medicines. They told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service and suitable arrangements were in place to record when medicines were received into the service and given to people. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Is the service effective?

Our findings

Relatives told us they felt staff were skilled and competent and provided people with the care and support they needed. One relative said, "Yes, I feel the registered manager and the staff they employ here are trained and are able to provide the necessary care and support to my relative."

The registered manager confirmed that two members of staff were related to them and two members of staff were personally known to them. The registered manager believed that they did not need to complete a formal induction for these reasons. In addition both members of staff not related to the registered manager had extensive experience of working in a 'care setting'. However following a discussion with us at the time of the inspection they recognised on reflection that an induction should have been completed. An assurance was given by the registered manager that these would be conducted in the future. Staff told us that they were well supported and received formal supervision by the registered manager and records provided confirmed this.

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. The records showed that staff employed had received training opportunities in a range of subjects. The records showed that in addition to basic mandatory training, some staff had achieved training in more specialist areas and also attained either a National Vocational Qualification [NVQ] or accredited qualifications under the new Qualification and Credit Framework [QCF].

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. 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 were being met. People living at the service were assessed as able to consent and make decisions about their care and treatment. The manager confirmed that no Deprivation of Liberty Safeguards (DoLS) had been applied for as no-one at the service had their liberty restricted.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they were happy with the choice of meals and drinks provided and made available to them throughout the day. One person said, "The meals here are fine. We are asked each day what we want. I get sufficient to eat and drink." Another person told us, "Oh, the food is absolutely fine." Our observation of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet their needs, for example, people could choose where to eat their meal. People's nutritional requirements had been assessed and documented and where applicable, suitable healthcare interventions from within the community, for example, Speech and Language Team [SALT] had been sourced.

People were supported to maintain good healthcare and had regular access to health and social care professionals as and when required, for example, GP and District Nurse services. Relatives confirmed that

people's healthcare needs were effectively managed and that the service were responsive in gaining access to any healthcare professional support needed. One relative confirmed that when their member of family was unwell, appropriate professional healthcare support was provided and throughout the night at hourly intervals the registered manager checked on their member of family so as to ensure their continued health and wellbeing. Records also showed that people's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People made positive comments about the quality of the care provided at the service. One person told us, "The care here is extremely good. The staff are very lovely." When asked if staff treated them with compassion, consideration and kindness, people told us without hesitation, "Yes." One relative told us that Heywood Lodge had been recommended to them. They told us that their member of family received good quality care and in their opinion the service provided a 'home from home' experience which inspired confidence and assurance that they were well looked after. This demonstrated that people who used the service and those acting on their behalf were consistently positive about the care they received.

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm, relaxed and calm. We saw that staff communicated well with people living at the service. Staff provided clear explanations to people about the care and support interventions to be provided and in an appropriate way. For example, conversations were not rushed and staff waited for a response to questions and queries posed prior to either leaving the person's room or moving on to another topic. Staff rapport with people living at the service was observed to be friendly and cheerful. This was clearly enjoyed by people and there was positive chit-chat between all parties.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their individual abilities. One person told us, "They encourage me to do what I can. I am able to do some personal care tasks for myself. I also like to spend time in the garden on my own watching what is going on." Another person told us that they were enabled to maintain their independence with some aspects of their personal care needs. However, if they required support by staff this was duly provided. Others were observed to maintain their independence at mealtimes. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People told us that there was no pressure to sit in the communal lounge areas and that they could stay in the comfort of their bedroom if they wanted to. People told us that they did not feel lonely or isolated. Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear the clothes they liked, that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People told us that their relatives and those acting on their behalf could visit at any time and there were no restrictions. A visitor told us they were always made to feel very welcome when they visited the service.

Is the service responsive?

Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People received care and support that was individually planned and appropriate to their needs. People's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. People and their relatives told us that they had been involved in contributing information as part of the pre admission process and when reviews took place.

People confirmed to us that they could spend their time as they wished and wanted. The registered manager confirmed that a member of staff was responsible for leading on activities for two and a half hours each day, Monday to Friday. People told us that they enjoyed and looked forward to this person's daily visits. One person told us, "I like the games of scrabble we play and the quizzes. I also like to play the piano and to write." The member of staff responsible for leading on activities was aware of people's specific personal likes and dislikes relating to their social care needs and including their past interests and hobbies. For example, on the day of inspection they were noted to bring in some piano sheet music for one person following a recent discussion with them. Additionally, one relative told us that since their member of family's admission to the service they had seen "vast improvement" in the way that they now mixed and socialised with others living at the service and participated with many of the activities provided. The relative credited this to the persistence and perseverance of the registered manager, staff and the member of staff responsible for leading on activities.

People and their relatives told us that if they had any concern they would discuss these with either their relatives, staff on duty or the registered manager. People told us that they felt able to talk freely to staff about any anxieties, concerns or complaints. The registered manager confirmed that since our last inspection to the service in March 2014 no complaints had been received. One relative told us that although they had had no need to raise any concerns or complaints, they were confident that their views would be listened to and acted on.

Is the service well-led?

Our findings

One relative told us they had a lot of confidence in the manager and staff team to ensure the welfare and safety of their member of family. They also told us that in their opinion the service was well run and managed. Positive comments were recorded on satisfaction questionnaires about; the quality of the service provided and the overall quality of the management at Heywood Lodge. One visitor commented, 'We are all very happy with the way things are going.' Another relative wrote, 'I am very satisfied with the care my relative gets at Heywood Lodge. The home is well run in my opinion and I am confident in the professionalism of the staff. I know my relative is well looked after.'

Although quality assurance systems were not formally completed the registered manager demonstrated throughout the day of inspection that they were aware of all aspects of the service and knew the people who lived there, and the staff supporting them, well. The registered manager was able to demonstrate that they were consistent in their role, lead by example and were available to staff for guidance and support. This was because the registered manager lived on the premises and was rostered on shift each day. With the exception of staff recruitment and induction records, records and documents relating to the running of the service and the care people received were clear and well organised. The registered manager and staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions.

People benefited from a management and staff team that closely worked together and were clear about their roles and responsibilities. The registered manager told us that support and opportunities to develop were being offered to a member of their family who was employed at the service. The registered manager advised that it was envisioned that in time, following successful completion of Level 5 in Management and Leadership and additional coaching, they would be recommended to make an application to the Care Quality Commission to be registered as manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered provider had not protected people against the risks of employing people without appropriate checks relevant to their employment. This was in breach of Regulation 19(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>