Heartwell Care Ltd

Heartwell House Residential Care Home

Inspection report

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Tel: 01162665484

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 January 2016. A breach of legal requirements was found. This was because the provider had not ensured the people using the service were protected from the risk of unsafe care or treatment.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection unannounced on 10 June 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements.

This report covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Heartwell House on our website at www.cqc.org.uk

Heartwell House Residential Care Home provides care and support for up to 13 people with learning disabilities or mental health conditions. It is situated in a detached house in Leicester City. The home has two lounges and a dining room. There are 11 single bedrooms and one double bedroom situated on the first and second floors with stairs for access.

On the day of our inspection visit there were 13 people using the service.

The service has a registered manager. This 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.

Since out last inspection visit many improvements had been made to this service. The people using it were enthusiastic about these changes and enjoying the benefits of receiving more personalised care and support.

Heartwell House had a calm atmosphere and people using the service told us they felt safe. They knew their rights and who to tell if they had any concerns. Staff had been trained in safeguarding and understood their responsibilities to protect people from harm.

People's risk assessments had been re-written and improved. They identified areas where people might be at risk and what staff needed to do to minimise this. Staff followed risk assessment guidance in order to keep people safe.

The provider had made a number of improvements to the premises to make them safer. A paved garden area at the rear of the premises was in need of clearing and upgrading and the provider had agreed for this

to be done.

There were enough staff on duty to meet people's needs. Staffing levels at night had been increased to meet the needs of people who preferred later bedtimes. A new staff recruitment and retention policy had been introduced to help ensure the staff employed were suitable to work with people who use care services.

Improvements had been made to how people's medicines were managed. These included the re-training of staff and new policies for staff to follow to help ensure these medicines were administered safely.

People told us they were happy with the staff team. The staff provided effective care and understood the importance of offering people choice. They followed the principles of the Mental Capacity Act when supporting people to make decisions.

People using the service and staff told us the choice of food served had improved. A new cook had been employed and they provided a varied menu in line with people's dietary preferences.

The staff had a good understanding of people physical and mental healthcare needs. They supported people to see healthcare professionals to help ensure they got any treatment they needed.

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.

We found that action had been taken to improve the safety of the service.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Heartwell House Residential Care 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 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.'

We undertook a focused inspection of Heartwell House Residential Care Home on 10 June 2016. This inspection was unannounced and was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 January 2016 had taken place. We inspected the service against two of the five questions we ask about services: is the service safe and effective..

The inspection team consisted of one inspector 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. Our expert by experience's area of expertise was the care of people with learning disabilities.

Before the inspection visit we looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with five people using the service, the registered manager, the consultant manager (a person who provides expert advice professionally), the deputy manager, a visiting professional and three care workers. We also observed people being supported

in communal areas.

Due to their mental health not all the people using the service were able to share their views with us so we spent time with them and observed them being supported in the lounge and dining area.

We looked at records relating to the safety of the people using the service, risk management, staffing, medicines, and policies and procedures. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

At our comprehensive last inspection on 7 January 2016 the provider had not ensured that risks to individuals and the service were managed so that people were protected from harm. This was because risk assessments did not include all the information staff needed to help keep people safe and a section of the stairs was potentially risky to use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

Following this inspection the provider sent us an action plan stating how they intended to ensure risk assessments were fit for purpose and the premises made safe. This included reviewing and updating risk assessments and fitting handrails of the stairs where necessary. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

We looked in detail at people's risk assessments. These had been re-written and improved since our last inspection visit. Those we sampled identified areas where people using the service might be at risk and what staff needed to do to minimise this. For example, staff were told to check one person was wearing appropriate footwear to reduce their risk of falling. Another person had tissue viability concerns so their risk assessment included instructions to staff on how to protect their skin. And another person needed staff to accompany them if they went out into the local community and their risk assessments made this clear. This meant staff had the information they needed to keep people safe.

The staff we spoke with told us they followed the guidance in people's risk assessments. They were able to tell us which people using the service were at risk and what from. We saw that risk assessments were more personalised and there was evidence that people using the service, relatives, and visiting care professionals had been involved in decisions about managing risk. Records also showed that risk assessments were updated regularly and when changes occurred.

To further reduce risk staff had introduced PEEPs (personal emergency evacuation plans) for all the people using the service. This meant that staff knew the safest way to evacuate people from the premises in the event of a fire or another emergency. In addition, emergency grab sheets (containing key information about a person's needs) were in place so if people needed to go to hospital nursing staff would know how best to support them.

The provider had made a number of improvements to the premises. These included new handrails on sections of the stairs, and alarms fitted to external doors so staff would know if people left the premises. This will help to keep people safe.

At the back of the premises was a paved garden area. This was untidy and cluttered with decorating materials and discarded household items. These presented a tripping hazard and spoilt the appearance of what could be a safe outside area for people to use. We discussed this with the registered manager and the

consultant manager. They said the provider had supplied funding to upgrade this area and a contractor had been booked to clean and clear the paved areas and tend to the plants.

The atmosphere at Heartwell House was calm and people using the service told us they felt safe. One person said, "The staff have talked to us a lot about safeguarding so we know what to do now." They went on to say they would report any concerns to the registered manager.

Since we last inspected staff had worked with people on an individual basis to ensure they understood their rights with regard to protection from abuse. Staff had kept a record of this so they were aware of people's levels of understanding and knew who would be able to speak out and who might need support.

Safeguarding had also been discussed in 'residents meetings' and was a fixed item on the agenda. The provider's safeguarding policy and procedure was displayed at the premises, as was the Charter of Residents Rights (a document which sets out the rights and responsibilities of the people using the service) and complaints procedure. By raising the profile of safeguarding in these ways staff helped to ensure that people remained safe.

We spoke with a visiting professional who said that although the person they supported might not be able to raise concerns for themselves, they felt that their family would do this if necessary. They told us, "If [person's name] wasn't happy he would tell his family, or let me know, and his family would definitely act."

The visiting professional said staff had contacted them to review their clients care when a safety issue had occurred. They told us, "The home was transparent with me. They calmed the resident down and then told me what had happened." The visiting professional said that following the incident a new safety measure was introduced which made the person safer. They added, "I've never seen anything at Heartwell that's concerned me."

During our inspection visit there were enough staff on duty to meet people's needs. People using the service and staff said they were happy with staffing levels. One staff member said, "There are enough staff, we manage." The registered manager told us staff levels were flexible depending on the needs of the people using the service. So, for example, if a person was ill and needed extra support, additional staff members would be put on the rota.

Since we last inspected the numbers of staff on duty at night had been increased. This was in order to meet the needs of some people using the service who preferred later bedtimes. The rota had also been changed to balance staff skills, abilities and strengths. The consultant manager said this had resulted in better team working. Staff told us the extra staff at nights enabled them to spend more time with the people using the service in order to support them

The staff on duty were suitable to work with the people using the service. We saw them speaking to people with kindness and respect. The service had a dignity champion (a staff member with particular responsibility for ensuring that dignified care was provided) and a poster promoting dignity in care was on display at the service.

Complaints records showed a concern had been raised with the management about the communication style of one staff member. The consultant manager said she had investigated this and found no evidence that any staff member had behaved inappropriately, however all staff had been reminded of the need to be respectful to people at all times.

Since we last inspected the provider has implemented a new staff recruitment and retention policy. This included matching job descriptions to the interview and selection process. The consultant manager told us four staff had so far been recruited using this process and had proved to be suitable for their roles.

We looked at two staff files and saw that the provider's recruitment process was being followed. Records showed that the required employment checks had been carried out and staff had the necessary documentation in place to demonstrate they were fit to work with people using care services.

Since we last inspected improvements had been made to how people's medicines were managed. Medication policies and procedures had been reviewed and new ones introduced where necessary. For example, the service now had polices on covert, PRN (as required), and 'on leave' medicines for staff to follow to help ensure these medicines were given safely

Staff had been re-trained in medicines administration by the service's contract pharmacist and competency checked. As a result six staff had been approved to administer medicines and a list of their names was available at the service. Staff had been taught how to manage medicines errors and written guidance on this was kept alongside the MARs (medication administration records). This meant that if an error occurred staff had a procedure to follow to minimise any negative impact.

People's individual medicines care plans had been re-written and they had been given the opportunity to sign consent forms to allow staff to administer their medicines. Medicines storage systems had been improved. New arrangements were in place for the safe-keeping of the keys to the medicines storage facility. Unrelated items were no longer kept with medicines which reduced the number of times the storage facility was accessed thus increasing the safety of medicines.

The quality of MARs had also improved. Two staff now signed each time medicine was administered and a gap monitoring form had been introduced so management were aware if staff signatures had been missed off records and could take action as necessary for example by re-training staff. This formed part of the service's daily and monthly audit which management used to help ensure people received their medicines safely.

Good

Is the service effective?

Our findings

People using the service told us they were happy with the staff team. One person said, "Since the new staff have come here it's a paradise." The staff we spoke with were effective in the way they supported people and understood the importance of offering people a more personalised service.

The consultant manager said this was the result of a new staff training programme which explained the culture change in care and the move away from institutionalized practices. She said that now, for example, people using the service were allowed to take drinks into the living room whereas previously they had only been allowed to drink them in the dining room.

All staff were in the process of completing the Care Certificate (a nationally-recognized introduction to care course) to help ensure they understood the new ways of working at the service. The consultant manager said this would be followed by supervision sessions to give staff the opportunity to discuss and reflect on what they had learnt.

When we asked staff how they would know how to support a person they all said they would read the person's care plan'. One staff member told us, "I would go through the care plan, for example I know that with [person's name] you have to knock and wait and be very calm. Another resident doesn't like you to talk first, they just don't like it." This was evidence of staff using care plans to help them to understand people's needs.

Staff told us the new training programme had had a positive effect on the service. Their comments included: "we are learning more"; "the service users are happy"; and "the service users are opening up". This was further evidence of the service becoming more effective.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how people's consent to care and treatment was sought in line with legislation and guidance. Records showed where appropriate the people using the service had mental capacity assessments in place with regard to making certain decisions. People who appeared to lack capacity to make particular decisions had been referred to the DoLS team for assessment. This showed that the principles of the MCA were being followed at the service.

Mental capacity assessments had been improved since our last inspection visit and now took into account how people's mental capacity could fluctuate. Staff had had training in this area and understood their role to support people to make decisions, consider their best interests, and refer them for specialise support if necessary.

People using the service and staff told us the choice of food served had improved. One person told us, "We have different things now, it's better." A staff member said, "There is more choice of food, they used to get Asian food all the time. Now they get Asian food sometimes and things like pasta and chips and English food, and roast dinners, too."

Since our last inspection a new kitchen manager/designated cook had been employed. They were in the process of developing new menus in conjunction with the people using the service. People had been asked for their food preferences and records showed that these were included on the service's menu.

At the request of the people using the service Asian food was served at lunchtime and English food at dinnertime in the evening. For example, on the day of our inspection visit, lunch was a choice of curries with rice, and dinner was fish or egg with chips and beans. This was an example of staff providing a varied menu in line with people's dietary preferences.

Staff had also created a new tea and coffee area in kitchen where people could help themselves to hot drinks with or without staff supervision depending on their needs. This gave people more independence and contributed to the homeliness of the service.

People's food and drink records had been improved. This meant staff had written information on people's likes and dislikes, cultural needs, allergies, whether a dietician was involved, and any medical requirements relating to their diet. Personalised information was also included, for example, 'prefers tea in a mug'. This will help to ensure that people are supported to maintain a balanced diet based on their preferences.

People told us that if they were unwell the staff arranged for them to see their GPs and accompanied them to appointments. One person told us, "The staff are good if you are ill. They make sure you see the doctor and take your tablets."

Care records showed that some people had complex healthcare needs so staff worked closely with a range of healthcare professionals to support them. These included GPs, consultants, and mental health and learning disability practitioners. Any appointments people had were recorded so it was clear what had happened and if care plans had been updated as a result.

We saw that staff advocated for people to ensure their healthcare needs were met in the way they wanted. Where appropriate relatives were involved, and people were given the information they needed to enable them to make positive choices about their healthcare.

The staff we spoke with had a good understanding of people physical and mental healthcare needs. They gave us examples of how they supported people to see healthcare professionals and attended multidisciplinary meetings to help ensure people using the service got the healthcare support they needed.