Heatherwood Nursing Home Ltd

Heatherwood Nursing Home

Inspection report

47 Foxley Lane
Purley
Surrey
CR8 3EH

Tel: 02086606646
Website: www.heatherwood.org

Date of inspection visit:
20 October 2017

Date of publication:
10 January 2018

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

We inspected Heatherwood Nursing Home on 20 October 2017. The inspection was unannounced and carried out by a single inspector. Heatherwood Nursing Home is registered to provide accommodation and personal care for up to 22 adults who may also require nursing care. On the day of our inspection there were 20 elderly people living in the home.

At the last inspection in June 2015, the service was rated "Good". At this inspection we found the service remained "Good".

Heatherwood Nursing Home is on a main road in West Purley with good access to transport and local shops. All areas of the home including people's bedrooms were clean, tidy, nicely decorated and well maintained. There was a calm, relaxed atmosphere in the home.

People were satisfied with the quality of care they received. They received care which met their individual needs from a consistent staff team who knew them well and were kind and caring. Staff obtained people's consent before providing care or support. People were supported to have maximum choice and control of their lives and staff supported them in a way which maintained their privacy and dignity.

People were supported to be as independent as they could be. They were also encouraged and assisted to keep in contact with their family and friends, and to participate in organised activities which helped to ensure they did not become socially isolated.

People were protected from abuse and foreseeable harm. They felt safe and knew who to speak to if they had any concerns about their safety. There was a sufficient number of staff to help support people safely and meet their needs. The provider ensured staff had the necessary training, skills and experience to support people effectively.

Staff encouraged people to have a balanced diet and a sufficient amount to eat and drink. People were complimentary about the choice and standard of their meals. Staff supported people to maintain good health and liaised well with outside social and health care professionals.

There were effective procedures in place to ensure that people received their medicines as prescribed. The provider's systems for ordering, storing, recording and disposing of people's medicines were understood and adhered to by staff.

People were given opportunities to feedback on the care they received. They felt able to complain if the need arose. The provider and registered manager used people's feedback to improve the quality of care delivered by developing action plans to address areas which required improvement. There were appropriate systems in place to assess and monitor the quality of care people received.

The provider and registered manager had worked in adult social care for many years. They understood how to meet the legal requirements and regulations associated with the Health and Social Care Act 2008. The service was well organised and managed and they had plans to improve it further.

More detailed information is in the findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Heatherwood Nursing 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.

This inspection took place on 20 October 2017 and was unannounced. The inspection was conducted by a single inspector.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke to five people using the service and two relatives. We also spoke to the provider, the registered manager, a nurse, the clinical lead and three care assistants.

We looked at five people's care records, their medicine administration records (MAR), four staff files, the providers policies and procedures and other records relating to the management of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe living in the home. People commented, "I'm much safer here than I would be on my own at home", "The staff are very good. I feel comfortable and safe here" and "I feel very safe. There is always someone on hand if I need anything." Relatives commented, "I have no concerns at all. I am confident [the person] is safe and is looked after properly" and "The staff are very attentive." The provider had a system in place to record and monitor accidents and incidents so that trends could be identified and acted on.

The provider had taken reasonable steps to protect people from abuse. Staff had received safeguarding training. They had a good understanding of how to recognise abuse and report any concerns both internally and externally. The registered manager was aware of his obligation to submit notifications to the CQC and the local authority safeguarding team about any concerns or safeguarding incidents. Our records demonstrated that relevant notifications had been submitted promptly.

People were protected from foreseeable harm. People had personalised risk assessments which gave staff detailed guidance on how to mitigate the risk of harm people faced. People's risk management plans enabled staff to support people to be independent and helped to ensure people were safe. Staff were aware of the particular risks people faced and knew how to support people to reduce any risk of harm. For example, where a person was at risk of choking, staff knew they had to be supervised while eating, they knew the position the person should be in while and after eating and the type of food they should eat. They also knew how to recognise the person was choking and the steps to take.

People were supported by a sufficient number of staff who had the right mix of skills and experience to help keep them safe and meet their personal care and social needs. People commented, "There are enough carers" and "I never have to wait a long time, there's always someone about." Staffing levels were regularly reviewed and were determined by the number of people who used the service and the level of support each person required.

The provider had a thorough recruitment process which was consistently applied. We found that appropriate checks were conducted on applicants before they began to work with people. These included Disclosure and Barring Service checks, requesting professional references and proof of an applicant's identity and right to work in the UK. Prospective staff were interviewed so the registered manager could assess their previous experience, and whether they had the aptitude to provide safe, effective and compassionate care to people. These measures helped to ensure that people were supported by staff who were suitable for their role.

People were supported to take their medicines safely and as prescribed. Registered nurses were responsible for administering people's medicines. One person told us, "I never forget to take my tablets because the nurse reminds me." The clinical lead was responsible for checking that staff adhered to the provider's policies and procedures for ordering, storing, recording, administering and disposing of people's medicines. The room where people's medicines were stored was clean, tidy and well-organised. Medicines were securely stored at the correct temperature. There were appropriate arrangements in place to ensure unused

medicines were disposed of promptly and safely. All the medicine administration records (MAR) we looked at were fully completed. These measures helped to ensure people received their medicines as prescribed and in a safe way from staff who were competent to do so.

There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in the home which staff consistently followed. All areas of the home were clean, tidy and free from unpleasant odours. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us of the importance of wearing personal protective equipment (PPE) and good hand hygiene.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to undertake their role effectively. People commented, "The staff know what they are doing. They're very professional", "The staff seem to be well-trained and get on with the job" and "The staff are good." We observed that staff appeared confident in their role and in using equipment such as hoists to support people.

The provider continued to support staff to enable them to provide effective care. Staff were required to undertake an induction when first recruited to their job. New staff members who had limited previous care experience were required to participate in a longer induction process than those who had recent, relevant experience. This included shadowing an experienced member of staff to build their confidence in the role and get to know the people they would be supporting.

Staff received training in topics relevant to their role such as, health and safety awareness, safeguarding adults and the Mental Capacity Act 2005 (MCA). Records showed that staff had completed the provider's mandatory training. The registered manager had a system in place which helped him to identify when staff training was due. Staff continued to have regular staff and one-to-one supervision meetings, and an annual performance review if they had been employed by the provider for more than one year. These meetings gave staff the opportunity to discuss issues affecting their role and their training needs. Staff commented, "I get to say what I think I'm doing well and get feedback on my performance" and "We discuss my training." These measures helped the provider to ensure that staff had the required knowledge and skills to carry out their role.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw detailed records about people's consent to care and whether they had the capacity to make decisions. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interest. For example, in relation to the use of bed-rails. We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the provider was complying with the conditions applied to the authorisations.

People were able to choose from a menu at mealtimes and were encouraged by staff to eat and drink sufficient amounts to meet their needs. People were satisfied with the food and drink on offer. One person told us, "The food is lovely and we get plenty of it." Another person told us, "The meals are very good." The

catering staff were aware of people's particular dietary needs and we saw that people's meals were prepared and presented in accordance with their care plans. Staff supported people who required support to eat their meals and did so at a pace that suited the person they were supporting and in a way that maintained their dignity. Throughout the day staff made sure people had access to plenty of drinks to help them to stay well hydrated. Staff monitored people's food and fluid intake to check that people were protected from the risk of malnutrition and dehydration.

Staff continued to support people to maintain their health. The service had a good working relationship with a local GP surgery. Staff ensured people had their other primary health care needs met by supporting them to see dentists and opticians. Staff maintained daily records of the care and support provided to people which contained their observations about people's general health and wellbeing. Monthly health checks were carried out by staff and documented in people's individual records. For example, people's weight was monitored to check for weight loss or gain that could be detrimental to their overall health.

Good

Is the service caring?

Our findings

People were very complimentary about the attitude of staff and the standard of care they received. People's comments about the staff included, "They are wonderful. Nothing is too much trouble. I'm very happy here", "They are very good to me" and "They are nice." A Relative told us, "[The person] really likes the staff. I think they've got to know [the person] very well."

The provider told us the core values of the service included treating people with compassion and respect. Staff were reminded at staff and supervision meetings of their obligation to respect people's choices. People told us they were always treated with respect by staff. People's comments included, "They are always pleasant and say please and thank you" and "They are always calm and patient and some of the people here can be quite difficult." We observed that there was a relaxed, happy atmosphere in the home; people were comfortable in their interactions with staff.

People received continuity of care because they were supported by a consistent staff team who knew them well. People told us, "I know all of the staff and I can ask any of them if I need something" and "I'm glad that I have the same people helping me every day; I wouldn't be very happy if I kept having different people all the time some of what they do is very personal."

People were well-dressed and well-groomed which helped to maintain their dignity. Their bedrooms afforded them privacy, were comfortable and personalised with items that were important to them such as family photographs. This helped to make people feel they mattered which in-turn contributed to people's general well-being.

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us this helped them understand what they could expect from the service. People and where appropriate their relatives, were involved in the care planning process and fully consulted about how their care was provided. In doing so, the registered manager took account of people's diversity. For example, people who preferred to be supported with personal care by somebody of their own gender were only supported by people of the same gender. This helped to ensure people felt their views mattered and that they were in control of the way their care was provided.

People were supported to be as independent as they could and wanted to be. Care plans contained good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could, to enable them to retain control and independence over their lives. For example, people who were able to get dressed without support were encouraged to so do.

The provider had a good working and training relationship with a local hospice which helped them to develop an effective approach to end of life care. The service's practical arrangements for people at end of life were based on people's individual preferences. We saw letters and thank you cards which had been sent by relatives who wanted to show their appreciation for the way their loved ones had been cared for as they

approached the end of their lives.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. People were satisfied with the quality of care they received. They told us, "I'm content here. The staff are brilliant, I eat well and if I'm feeling poorly they take care of me. What more could I ask", "They look after me very well" and "I'd prefer to be at home but I'm quite happy here; I've always got company and the staff are very accommodating."

People's care plans were personalised. They took account of people's specific needs, abilities, preferences and life histories. They also included information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to provide their care. People told us the care and support they received met their needs. Staff had a good understanding of what constituted person-centred care. Staff demonstrated a good understanding of the specific needs and preferences of the people they supported and clearly knew these individuals well. One person preferred a particular type of biscuit and this was brought to them at teatime.

Records showed staff took prompt action to ensure people received appropriate care and support from their GP when they became unwell. We observed that when a person was experiencing discomfort, a care assistant went to support the person immediately and when the person's discomfort continued, the care assistant quickly asked for help from the nurse who went to the person immediately. The care assistant stayed with the person until they were settled.

Staff listened to people and acted on their requests. For example, at lunchtime one person wanted something different to what was on the menu and gave staff instructions as to how they wanted their replacement meal presented. The staff member listened to the person's instructions and returned a short-time later with what had been requested. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately met; and their care plans and risk assessments amended accordingly.

Staff supported people to spend their time day-to-day in the way they preferred. People who preferred to spend time in their bedroom were enabled to do so. Activities took place within the home. During our visit, the afternoon activity was a quiz which the participants were clearly enjoying. One person told us, "I don't take part in many of the activities but I do enjoy a quiz; I surprise myself sometimes how much I can remember." Another person told us, I prefer not to get involved but I do like to watch." The provider worked with an organisation which provided day trips to places of interest such as Hampton Court Palace. People told us they appreciated the opportunity to get out particularly when the weather was good. Staff supported people to stay in contact with their families and friends; visitors were made to feel welcome by staff. These measures helped to ensure that people had a variety of opportunities to socialise and did not become socially isolated.

People were supported to express their views on the quality of care they received. Throughout our visit we heard staff asking people if they were okay. Where people expressed discomfort staff made did their best to support them. The provider took account of people's views through satisfaction surveys. The surveys we

looked at had positive comments from people on their experience of receiving care from the service.

There was an appropriate procedure in place to record, investigate and respond to complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their responsibility to enable people using the service to make complaints or raise concerns. People told us they were aware of how to make a complaint and would do so if the need arose.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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. The registered manager had worked in the adult social care sector for many years and understood what was required to provide good quality care. He was aware of his registration responsibilities with the Care Quality Commission and submitted statutory notifications about key events which occurred as required.

The service continued to be well-organised and managed which meant that people felt safe and received consistently good care from a skilled team of staff. The registered manager and provider were approachable and accessible. We observed that people were comfortable speaking with them. Relatives were complimentary about the way the service was run and had confidence in the registered manager and his staff.

Staff took their lead from the registered manager and worked well as a team to support people. They told us they were well supported by the registered manager. The registered manager was at the service day-to-day and was in frequent contact with staff which gave them the opportunity to voice their opinions and exchange knowledge and information. Staff were confident they could discuss any concerns and that they would be responded to appropriately. A staff member told us, "[The manager] and [The provider] are very supportive. They listen to our suggestions and will change things if it'll make things work better." The registered manager aimed to develop his staff by giving them responsibility for designated tasks. Staff understood their roles and responsibilities; they felt valued and told us they enjoyed working for the service.

It was clear from speaking to the provider that he was constantly looking for ways to improve the service and enhance people's experience of receiving care. The provider liaised with other local providers to keep abreast of developments in social care and discuss good practice. The provider shared learning and best practice with staff so they understood what was expected of them.

The registered manager ensured there was good liaison with people's families, social and healthcare professionals and acted on their feedback to improve the service. Staff conducted a variety of regular audits including audits of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. Information from the audits was used to identify how the service was performing, areas that required improvement and areas in which the service performed well. Where areas for improvement were identified, action was taken to make the required improvements.

We requested a variety of records relating to people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.