

# Calderdale Metropolitan Borough Council

## Heatherstones Court

### Inspection report

Heatherstones  
Halifax  
West Yorkshire  
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### 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

Heatherstones Court provides accommodation and personal care for up to 15 adults in 12 apartments. When we inspected the service there were five people who were supported with personal care. The inspection took place on 8 August 2018 and was announced. The last inspection was on 29 June 2017 and there was one breach of regulation 17, relating to good governance. This was because systems and processes were not robustly in place to assess and monitor the quality of the service.

At this inspection, we found the provider had taken sufficient action to address the breach and ensure systems and processes were more thorough.

Heatherstones Court 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. Heatherstones Court provides accommodation and personal care for up to 15 adults in 12 apartments. This service provides short term residential care and support to enable people to regain independence and skills, lost through illness or injury. When we inspected the service there were five people who were supported with personal care.

People felt safe in the care of Heatherstones Court. Staff knew how to keep people safe and there were clear procedures and guidance in place for staff to manage risks. Risk assessments were much clearer and consistently recorded than at the last inspection. We recommended the provider addresses the fire officer's recommendations and keeps the fire safety risks under continuous review.

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

Systems for managing medicines had improved since the last inspection and documentation was clearer. The service was working closely with the local pharmacist to ensure safe practice. We made a recommendation for the management team to review the intervals at which controlled drugs stocks were reconciled with balances, in order to ensure irregularities were identified as soon as possible should these occur.

Staff were well supported and valued. There was regular communication with the management team through supervision, handovers and meetings. Staff training was in place and where there were some identified gaps, there were plans to ensure training was scheduled.

There was a clear assessment process which ensured people had choice and involvement in their care and support. Staff demonstrated caring and compassionate behaviours and attitudes towards the people they supported and their families.

Staff were committed to positive outcomes for people and placed emphasis on enabling people to be as

independent as they could be to ensure they were ready to leave the service.

Staff supported people's dignity and were respectful in verbal and written communications. Care was responsive to people's needs and very person centred. There was clear emphasis on involving and including people as active partners working towards their goals.

Care records had much improved since the last inspection, information was accurately detailed and easy to locate. Information was person centred and presented in the first person style with individual input into the plans.

The complaints process was clear, although no complaints had been received.

Issues from the last inspection had been addressed and the management team was working to ensure further improvements could be made to the service.

The service was well run and the registered manager was aware of the strengths and areas to improve. Audits were clear with defined responsibilities and actions for improvement. Gaps in auditing had been identified and addressed by the management team. We made a recommendation for the service to develop the missing persons policy/procedure to align with the protocol already in use, the Herbert Protocol, an initiative introduced by West Yorkshire Police to help locate missing persons.

## 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.

Written risk assessments for individuals were thoroughly completed and gave clear guidance for staff to be able to support each person.

Medicines were managed safely and the provider was working closely with the pharmacist to ensure safe practice.

Staff understood how to ensure people were safe, premises were maintained safely and the provider had improved the system for fire safety.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through supervision, training and regular communication with each other and the management team. Staff competency was checked and monitored as part of their ongoing development.

People were supported to have good access to other professionals to promote their reablement and ensure suitable healthcare.

Staff had regard for the Mental Capacity Act and understood how to obtain consent in line with legislation and guidance.

### Is the service caring?

Good ●

The service was caring.

There was a kind, caring and person-centred approach.

Staff were respectful of people's privacy, dignity and their rights.

Staff were enthusiastic and motivated to provide enabling support to individuals.

### Is the service responsive?

Good ●

The service was responsive.

Care was person centred and staff had a clear focus on supporting and enabling people to achieve their individual goals of daily living.

Staff understood each person's individual interests, aims and aspirations.

There was an accessible complaints procedure, although no complaints had been received.

### Is the service well-led?

Good ●

The service was well led.

There had been actions taken to address the issues of the last inspection and to drive improvement throughout the service.

There was a positive culture which promoted good communication throughout, internally and with other stakeholders.

Staff felt valued and respected by the management team, which motivated them to carry out their roles.

# Heatherstones Court

## **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 checked 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.

The inspection was carried out by one adult social care inspector on 8 August 2018 and was announced. We gave the service two days' notice of the inspection site visit because the service was not staffed 24 hours and we needed to be sure someone would be available for us to review records, speak with staff and people.

We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. We looked at the provider information return (PIR). This is a form which asks the provider to give key information about the service, what the service does well and the improvements they plan to make. The provider informed people using the service we would be visiting. There were 13 people using the service, five of whom were receiving personal care.

We looked at care documentation for two people, reviewed two staff files and records relating to how the service was run. We spoke with the registered manager, the deputy manager and two care staff. We spoke with two people who used the service. We looked at the premises, including two people's apartments with their permission.

# Is the service safe?

## Our findings

At the last inspection we rated the service as requires improvement in this key question. This was because risks to people had not all been reflected in their care records and contained conflicting information when they were documented. At this inspection we found risk assessments had improved and were more detailed and accurate. The provider had made sufficient improvements for the rating to be good.

People felt safe in the care of the service. One person we spoke with said they were reassured because staff checked on them regularly and they had the right support with their medicines. Another person said, "I'm completely safe and if it wasn't for staff here I'd be out on the streets."

Staff we spoke with told us this was a safely managed service and they understood the risks to individual people. We saw care plans included detailed risk assessments and these gave clear guidance for staff to know how to support each person safely. Staff said they knew what to do to keep people safe in the event of an emergency. The registered manager told us since the last inspection they had changed the fire safety system from a misting system to a sprinkler system. Previously the provider had deemed it not safe enough to accommodate people with wheelchair use due to their impeded ability to evacuate in the event of a fire. Following our inspection the fire officer contacted us to say they would be making some recommendations for the provider to address to ensure people are able to evacuate independently or have the right support to evacuate at all times. The registered manager told us they were working closely with the fire officer and every individual had a carefully considered personal fire plan. The registered manager told us they were able to deploy staff at the service at night should this be necessary, depending on people's assessed level of risk. We recommend the provider ensures the recommendations of the fire officer are addressed and fire safety within the service is kept under review.

Accidents and incidents were appropriately recorded and where there were lessons to be learned staff communication was clear within team meetings and staff handovers. The provider told us about an incident in the winter where there had been frozen pipes which caused a flood and they described the actions they had taken to avoid a repeat of this.

Safeguarding procedures were clear and known by staff. Staff knew the signs of abuse and how to ensure any concerns were reported. Staff were confident any concerns would be acted upon by the management team without delay. The registered manager was clear about any concerns which required referral to the local authority safeguarding team were promptly sent as well as notifications to CQC.

People were supported appropriately to receive their medicines. We looked at records for two people's medicines and found the recording systems for medicines were much clearer than at the last inspection and medicine administration records (MARs) were improved in format and specific to each medicine. The service was working closely with the local pharmacist to improve the way medicines were managed and they were very responsive to any recommendations made, completing an action plan with clear details to secure changes.

People's medicines were stored securely in a locked drawer within people's individual apartments with their agreement. People's independence in managing their own medicines was promoted and where possible people retained their own responsibility for this. Staff who supported people with their medicines were appropriately trained. The registered manager told us they had refined practice to ensure only one member of staff at a time was responsible for supporting with individual medicines. This was so they could focus on the task without distraction and provide clear accountability for this.

There was a system in place to ensure controlled drugs were stored securely and checked by the management team to prevent misuse of such medicines. Stock balances were reconciled each month, although we recommend increasing the frequency of this to be able to pinpoint any irregularities, should these occur. Audits of medicines were regularly completed and clearly documented.

There were safe systems in place to ensure staff were recruited safely. Staff records we looked at showed appropriate checks had been carried out to ensure staff were suitable to work with vulnerable people. There had been no changes to staff since the last inspection. Staffing levels were suitable to meet people's needs. The service did not offer 24 hour staffing on site but staff were available between 8am and 1pm and again at 4.45 until 9.45pm. The provider told us staff were flexible, for example, to start earlier should a person need care at a different time, depending upon their needs or circumstances.

The premises were maintained in a clean and safe condition and there were clear records of regular checks. The registered manager told us there were weekly checks of the building and we saw these were taking place during the day of the inspection. One person we spoke with said their apartment was regularly checked for safety and staff confirmed they made routine checks during their calls to people. Staff we spoke with were aware of when to use personal protective equipment (PPE) and this was in plentiful supply.



# Is the service effective?

## Our findings

We saw detailed assessments of people's care and support, with evidence of consultation with each person at every stage of assessment and review of their needs. Staff clearly understood their roles and responsibilities and respected the skills and input of all other professionals, internally and across other organisations, working together to support people effectively. One professional told us staff were thorough with pre-admission processes and worked with others, such as social workers to gain information about individuals.

Staff were well supported through regular training and supervision. Staff we spoke with said as well as regular formal meetings with the management team they were able to approach managers to discuss any aspects of people's care and support. We saw the communications book and this was well used, with key information from each shift detailed for staff coming on duty. Staff we spoke with told us they found this system useful to understand people's needs.

Staff training was illustrated on a matrix and this was overseen by the management team and discussed in staff supervision meetings. Where there were gaps in the training matrix the management team was able to explain the reasons why and how further training was scheduled when this was due. Staff we spoke with said they enjoyed opportunities to train and develop their skills. We received feedback from the tissue viability nurse who told us they had supported staff with recent pressure ulcer and skin care training, which was well attended.

Staff told us they worked well together and teamwork was strong. Staff said they supported one another and this helped them to meet people's needs, acknowledging different staff had their roles to play. One person we spoke with said, "They have a good team of staff, they know what they're doing and nothing is too much trouble."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether they were complying with conditions placed on authorisations. There were no people using the service who were subject to a DoLS.

Staff had completed MCA training and during the inspection we saw staff asking for consent when providing care to people. Staff we spoke with had a good understanding of people's rights and the legislation around people's mental capacity. People's care records evidenced their mental capacity had been considered and

assessed, where appropriate.

One professional we contacted following the inspection told us, "I have always found [staff at Heatherstones Court] to be very supportive in positive risk taking and the principles of the Mental Capacity Act 2005 firmly embedded in their practice." One person we spoke with told us staff encouraged them to make decisions and consulted them in all aspects of their care and support.

People were responsible for arranging their own meals and their independence was promoted through staff supporting with enabling skills where necessary, such as supporting them with meal preparation or shopping. Each apartment was self contained with cooking facilities and people's needs for support with nutrition were individually assessed. Staff we spoke with said they were mindful of people's nutritional needs and made observations at each visit to ensure people had enough to eat and drink.

Since the last inspection the service developed a communal space for people to come together and meet with other people as well as having their individual apartments. This communal space was created from an adapted apartment which all people were able to access if they wished to. This helped people to avoid social isolation.

Staff worked closely with other professionals involved in people's health, care and support. We made contact with some other professionals who had knowledge of the service and their feedback was highly positive. We saw evidence in people's records to show when GPs were contacted or referrals to other health services were made and staff supported people to attend appointments if required. One of the people we spoke with told us staff supported them with any health matters and they could arrange to see their GP at any time if they needed to.

# Is the service caring?

## Our findings

Staff spoke with warmth and empathy for the people they supported and it was clear from our conversations they knew each person well. Staff were enthusiastic about supporting people to reach new goals in their strive towards independence with tasks they may have had difficulty achieving. One person said, "I am an independent person. Staff know this is important to me."

People told us staff were kind and caring. One person said, "They really do care, it's how they are, they take me seriously. I do like a laugh and a joke with staff, it makes the day". Another person said, "The staff are kind, they spend time chatting when they can".

We saw when staff interacted with people this was friendly and supportive. Staff did not rush people in their care and gave plenty of reassurance for people to take their own time. For example, we saw staff accompanied one person using a stair lift and they were very patient, chatting to the person and giving plenty of encouragement for the person to do things for themselves.

Staff we spoke with had a clear focus on their role to support people by doing things with, rather than for them. Staff were confident in seeing potential independence and supporting people in their journey towards this. They emphasised this was led by each person and there was no set timeframe for people's reablement. Staff acknowledged the skills within the multi-disciplinary staff team and respected one another's roles in supporting people.

Staff told us they gave people the same regard as though they were their own family members and they felt the care people received was good enough for their own family. Staff told us they felt a sense of pride in their work when people made good progress in their care. Staff described the best part of their work was 'the people' and told us they were rewarded through seeing what people could achieve for themselves upon leaving the service. Staff referred to people who used the service as 'guests' with acknowledgement their time in the service was temporary and with real purpose.

People's dignity and privacy were respected and we saw staff knocked on people's apartment doors before being invited in. We saw all written communications about people's care were professionally worded and showed clear regard for each person.

Care records contained individual information about each person and the diversity of their needs. Staff were inclusive in their approach to meeting individual needs and acknowledged people's rights and preferences. The service had systems in place to ensure people's personal information remained confidential. Care records were securely locked away so they could only be accessed by staff who needed to see them.

## Is the service responsive?

### Our findings

There was clear and detailed assessment of individual's needs and each person was fully involved in all discussions and planning of their care and support. Care records were clearly presented with information about each person's risks, abilities and goals for support. The registered manager told us they retained full oversight and responsibility for ensuring the information was up to date. Staff told us they read people's care records and contributed to these. One person we spoke with said staff always kept them fully informed and they knew what was recorded about them in their care plan.

One professional involved with the service told us, "From the initial point of referral through to re-housing / returning home, I have found staff to be very person centred and open to working creatively to enable people to reach their identified goals. This has included working with individuals with very complex needs. I have yet to receive any negative feedback or any concerns from any person who has had involvement with Heatherstones Court." They said of one person, "Heatherstones worked with the individual and other professionals to implement appropriate support to enable them to see if independence could be re-gained. Due to the hard work of staff this individual is now being supported with re-housing with a minimal package of care. Staff have gone above and beyond to support this individual and their family. This has included regular meetings outside of office hours to enable family to attend to discuss their relatives support / any concerns or worries."

Care was person centred and each person played an active part in determining their goals and planning the support they needed to achieve them. People living at Heatherstones Court were temporary residents because the service was focused on reablement so people move on to live independently.

Staff were not available 24 hours a day and in the times staff were not on site, people had access to 'Care Alarm' as a first response. Staff told us they liaised with the Care Alarm team at the start of each day to discuss any relevant matters or incidents. The registered manager told us staffing levels were adjusted according to each person's level of risk and if necessary, staffing would be provided.

The service used technology to support people and staff with specific communication needs and information leaflets were available in different formats if required.

Staff described to us examples of positive outcomes for people through their stay at Heatherstones Court. For example, one person had been discharged from hospital with the suggestion they would never walk again, yet after a period of reablement they had walked away from the service to live independently.

We saw people were invited to use the communal room to be involved in chair based exercises. Two people told us they had really enjoyed doing this. One person said, "It's good now we have this space, it brings people together." The registered manager told us range of social activities had taken place in the communal area and included enjoying the world cup events in a range of ways. People accessed the community with or without staff as they chose to.

The registered manager told us there had been no complaints since the last inspection. We saw the complaints procedure was available to people and the people we spoke with said they knew how to make a complaint. One person said, "I'd just have a word with any of them and I know it would be dealt with. But I don't have anything to complain about here." Another person said, "I don't need to complain at all."

## Is the service well-led?

### Our findings

At the last inspection we rated this key question requires improvement because there were some weaknesses in the way the quality of the service was checked. At this inspection we found issues from the last inspection had been addressed and the management team was working to ensure further improvements could be made to the service.

There was a registered manager in post who had been present at the previous inspection, prior to taking up the post. They had worked to address the priorities from the last inspection and obtained resources with which to drive improvement. The registered manager told us they valued the staff and one of the areas improved since the last inspection was the securing of permanent contracts for staff, as they had previously been on temporary contracts. Staff told us they felt valued by the management team and there was a positive culture in the service.

The service was well run and the registered manager was aware of the strengths and areas to improve. They had accurately completed the provider information return which was a realistic reflection of the service and what we found at this inspection.

Audits were clear with defined responsibilities and actions for improvement. Gaps in auditing had been identified and addressed by the management team and they were taking action to address these and consider how responsibility for completing audits was assigned and maintained. For example, the registered manager and deputy discussed between them who would complete each audit. Accidents were recorded and monitored to identify where lessons could be learned. Records to show how the service was run and for maintaining premises were well organised, up to date and easy to locate. Policies and procedures were in place. We recommended the provider developed their missing persons policy to use in conjunction with the Herbert Protocol, a West Yorkshire police missing persons initiative, already in use in the service.

The management team worked proactively to engage and involve other stakeholders involved in people's care and support. They maintained their knowledge of new legislation through keeping up to date with matters such as general data protection regulations (GDPR) and specific training as required. Feedback we received from other stakeholders showed the service actively promoted partnership working. Comments made by other professionals were very positive and particular praise was given for the way the service communicated. One professional told us, "I have always found the staff at Heatherstones great at ensuring not only myself, but other professionals and family members are fully up to date with what is happening and involving people in discussions. Support has and continues to be very flexible dependent on individual needs."

We saw thank you cards and questionnaires which had been completed following people's stay at the service. These were highly complimentary of the service. For example, one described the service as 'excellent transition between hospital and home' and another said it was 'home from home'.

The registered manager was aware of their obligation to submit notifications to CQC in accordance with the

Health and Social Care Act 2008.