Heston Court Ltd

The cottage residential home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The Cottage is registered with the CQC to provide care and accommodation for 30 older people who may be living with dementia.

It is on the outskirts of Hull and has good access to public transport routes.

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

We found there was a lack of auditing of the cleanliness, infection control and safety of the environment which meant people were un-necessarily exposed to the risk of cross infection and lived in an environment which was not well maintained, safe and clean. People were at risk of cross infection because staff had not been provided with appropriate hand washing facilities.

People's medication was not handled safely. This meant potentially people may be at risk of not receiving medication as prescribed by their GP.

Summary of findings

People were not supported effectively to make informed decisions or protected by systems which were intended to safeguard their best interest. This meant people were potentially at risk of receiving inappropriate care and support.

People's care plans described the person, their likes and dislikes and how they would like to be cared for. However, there was a lack of organised activities on a daily basis for people to participate in, this meant people were unstimulated for long periods of time. This had the potential to exacerbate behaviours which may challenge the service and put people at risk; especially with regard to people who lived with dementia. We have made a recommendation about the subject of dementia.

Staff were able to describe to us how they would keep people safe and how they would report any abuse they may witness; they had received training about this which was updated regularly.

Staff were provided in enough numbers and with the right skills to meet the needs of the people who used the service. The registered provider's recruitment procedures ensured, as far as practicable, people were not exposed to staff who had been barred from working with vulnerable adults.

Staff received training and support which enabled them to meet the needs of the people who used the service and this was updated as required.

People were provided with a nutritionally well balanced diet, their food and fluid intake was monitored and referrals were made to health care professionals when required. This ensured people were not at risk of receiving a poor nutrition and were supported by health care professionals when needed.

People were cared for by staff who were caring and sensitive. They had good relationships with the staff and staff understood their needs and how these should be met. People were involved with their care and attended reviews on a regular basis. This ensured people received the care and attention of their choosing.

The registered provider had a complaints procedure in place and people knew they had the right to make complaints and expect these to be investigated.

People could have a say about how the service was run and the registered provider consulted with them.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

Some areas of the service were not safe.

People's medication was not handled safely. This meant potentially people may be at risk not receiving medication as prescribed by their GP.

People were at risk of cross infection because staff had not been provided with the appropriate equipment to maintain good, safe hygiene standards.

Staff could describe to us how they would keep people safe and how to recognise and report any abuse.

Staff were provided in enough numbers to meet the needs of the people who used the service and had been recruited safely.

Is the service effective?

Requires Improvement

Some areas of the service were not effective.

People did not live in a clean, well maintained environment which had been adapted to meet their needs, particularly those people who lived with dementia.

People were not always supported effectively to make informed decisions or protected by systems which were intended to safeguard their best interest. This meant people were potentially at risk of receiving inappropriate care and support.

People were provided with a wholesome, well balanced and nutritional diet.

People could access health care professionals when they required and were supported by staff.

Is the service caring?

Good

The service was caring.

People were cared for by staff who understood their needs.

People had good relationships with staff.

People were involved with their care and attended reviews.

Is the service responsive?

Requires Improvement

Some areas of the service were not responsive

People were unstimulated for long periods of time; this had the potential to exacerbate behaviours which may challenge the service and put people at risk.

People's care plans were person centred and described the person and their preferences.

Summary of findings

People could make complaints and these were investigated wherever possible to the complainant's satisfaction.

Is the service well-led?

Some areas of the service were not well led.

We found there was lack of auditing of the cleanliness, infection control and safety of the environment which meant people were un-necessarily exposed to the risk of cross infection and lived in an environment which was not well maintained, safe and clean.

People were consulted about how the service was run.

Requires Improvement

The cottage residential 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 registered provider was 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 15 and 16 December 2014 and was unannounced.

The inspection was undertaken by one adult social care 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.

The service was last inspected August 2013 and was found to be compliant with the outcomes and regulations we assessed.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounges and the dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with eight people who used the service, two relatives and four care staff. We also spoke with the registered provider.

We looked at four care files which belonged to people who used the service, three staff recruitment files and documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People told us they felt safe at the service, comments included, "Yes I feel safe, the staff check on me during the night", "I know the staff want to keep me safe" and "They're always checking on me." Relatives told us "I know my mum's safe when I leave her" and "They are really good at keeping an eye on her."

Staff we spoke with were able to describe the registered provider's procedure for reporting any abuse they may witness or become aware of. They were able to describe to us the signs they may see if someone maybe subject to abuse, for example, lack of interaction, changes in moods and bruises. The staff told us they received regular training about how to keep people safe from harm and how to recognise the signs of abuse; they told us this was updated annually. We looked at staff training records which confirmed this. They also told us they understood the importance of respecting people's rights and how these should be upheld, for example, they did not judge people for their chosen lifestyles and supported people to lead a life style of their own choosing.

Staff told us they understood they had a duty to raise any concerns they may have about the quality of care people received and their safety, they knew they would be protected by the registered provider's whistle blowing policy. Staff told us they found the registered provider approachable and felt they would take any concerns they had seriously and take the appropriate action.

Procedures were in place for staff follow if any one who used the service had a fall or an accident. These were recorded and the appropriate treatment sought, this may mean attending the local accident and emergency department. Any treatment which needed following up was recorded in people's care plans and the appropriate health care professionals involved.

We saw staff were provided in enough numbers to meet the needs of the people who used the service. The registered provider had a rota in place which ensured staff knew what shifts they were working. Any shortfalls in staffing levels were covered by other staff at the service, for example, some of the domestic staff covered for any care staff who rang in sick. However, this had the effect that the domestic staff could not complete all the cleaning they were expected do during their shift. This sometimes resulted in the service not always being cleaned to an acceptable level.

We found none of the bedrooms contained hand washing facilities for the staff to use, for example, hand sanitisers and paper towels. This meant people were exposed to the risk of cross infection. This was discussed with the registered provider and they ordered these items during the inspection to be fitted. Some areas of the building were looking worn and in need of refurbishment, some areas were also unclean, for example some of the rooms had a strong odour of urine and portable tables and beds were dirty. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was discussed with the registered provider and they have confirmed this has now been addressed through discussion with domestic staff about their responsibility and work load. We will check this at the next inspection.

We looked at the recruitment files of the most recently recruited staff and found these contained evidence of safe recruitment practices. For example, the files contained evidence of checks being undertaken with the Disclosure and Barring Service (DBS) and references being sought from the applicant's previous employer where possible. The recruitment files also contained an application form which covered gaps in employment and asked the applicant about their previous experience and relevant qualifications.

Staff showed us a book where they wrote any repairs which needed doing, however we found there was a lack of safety audits. For example we found there were no emergency pull cords in the en-suite toilets and some of the pull cords in people's bedroom did not reach the beds so could not be used during the night. There were parts of the building where the emergency call bells could not be heard. This was discussed with the registered provider during the inspection and an electrician was called to address the issues. The registered provider has sent us confirmation this work has now been completed. We will check this at the next inspection.

People's medication was stored safely and staff had received training which was updated annually. Staff had recorded when and how much medication had been received and recorded any mediation which was returned to the pharmacist. When we looked at the medication

Is the service safe?

recording system we found gaps where staff had not signed to confirm people had received their medication, despite the medication being removed from its packaging. This meant people may not have received their medication as prescribed by their GP. Again this was discussed with the registered provider and they assured us they would address this with the senior staff.

Is the service effective?

Our findings

People told us, "It (the home) needs a good bottoming", "The home's ok, but the stench in here earlier was horrible", "Breakfast is the best meal of the day" and "Oh, there is plenty of food, sometimes I eat too much, look my trousers are getting tight."

We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included safe lifting and handling, health and safety, fire training, safeguarding adults from abuse and basic food hygiene. The registered provider told us they considered training in dementia and behaviours which may challenge the service as essential for all staff to undertake. When we spoke with staff they told us they received regular training and felt well supported by the management team at the service. They told us their training was updated regularly and they found it interesting and relevant to their role. The registered provider was developing a system which alerted them when staff's training needed updating. A record was kept of all the training staff had completed on a national database which the CQC has access to, this helps us to evaluate the services performance.

Staff had some understanding of the Mental Capacity Act 2005 and its principles but had difficulty relating this to their practise. No one at the service was subject to a Deprivation of Liberty Safeguards (DoLS); this was despite the front the door to the premises only being accessible via a key pad, the number of which only the staff had access to and other doors in the building using the same system restricting people's freedom of movement. We saw one of the people who used the service was in a chair which was designed to restrict their movements and no DoLS was in place for this. Another person had behaviours which challenged the service and was supervised closely by staff due to them being a risk to themselves and others and no DoLS was in place for this**.** This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were given a choice of meals at lunch time. The lunch time food was home cooked, looked and smelt good. One person wanted to sit in their arm chair and asked for a salad, which they told us they had enjoyed. We spoke with the cook who told us they consulted with the people who used the service about their choices and asked them what they would like to eat. They also monitored the lunch time to ensure people were getting what they wanted. They told us they did the ordering and the registered provider put no restriction on this.

We observed the lunchtime activity and saw staff helping people in a sensitive and discreet way. People were sat with their friends an there was some interaction. The dining room had been moved to create two smaller lounges instead of one large lounge, to give people some choice of where to sit. People found this better as there was more room to maneuverer wheelchairs and walking aids.

We saw fresh fruit and cold drinks were available throughout the day, and choices of hot drinks were served during the day. People we spoke with told us the meals were good and there was always plenty to eat and drink. Staff monitored people's food and fluid intake and referrals were made to the relevant health care professionals when needed. We saw records in people's care plans which confirmed this.

People's care plans contained evidence of staff liaising with health care professionals about the care and welfare of the people who used the service. For example, staff communicated with visiting district nurses about people's care needs and recorded information for them to use as part of their on-going assessment of people's needs. People's care plans contained information about hospital appointments, the outcome of these and how staff were to support people.

The building was an old building with narrow corridors and various sizes of rooms and was not designed to meet the needs of people with mental health issues or dementia. A lot of the rooms were very difficult to manage a wheel chair in.

The property had a lift but had some steps that still had to be negotiated. The majority of the bathrooms no longer met the needs of the people who used the service and were being used for storage. Staff mainly used the ground floor bathroom because it allowed them ease of movement and contained lifting equipment. The lounge carpet had been replaced and the dining room was in process of being decorated. The registered provider has plans to extent the building and these have been submitted for planning approval which should address some of the environmental issues.

Is the service effective?

There was a lack of dementia resources around the service, for example memory boxes, or tactile objects in any of the communal areas. However, there was a large picture on a wall of the inside of an air raid shelter and one or two pictures of old films and scenes of Hull.

Is the service caring?

Our findings

People who used the service told us, “The staff are absolutely super”, “They (care staff) look after me well”, “I am extremely well looked after”, “Very, very nice, it has been very, very nice, nice staff here” and “I have a great relationship with the staff. They are lovely.”

Relatives we spoke with told us they were happy with the care and attention their family member received at the service. They told us, “They care for her quite well really considering she is so frail”, “I come most days and the staff are really kind and caring” and “I take my mother out and about she really enjoys that.”

We saw staff were caring when undertaking any care tasks with the people who used the service. They explained what they were doing and asked for confirmation from the person they had understood, they also gave people time and moved at their pace. We saw and heard staff talking to people in the lounges and the dining room asking them how they were, how their day was going and whether they were looking forward to Christmas. People responded positively to these conversations. Staff understood the needs of the people who used the service and were able to describe to us how these should be met. Staff also understood the importance of maintaining people’s dignity; they told us they knocked on people’s doors and waited to be invited in and made sure people were covered over when undertaking any personal care tasks.

We saw some good examples of interaction with people who had limited communication, for example, a member of staff was asking what drink someone would like and they used their fingers to indicate which drink was on offer so the person could point at the one they wanted.

Staff monitored people’s wellbeing and recorded what care the person had received on a daily basis in the daily notes section of the person’s care plan. Information in people’s care plans instructed staff how to support people. For example, there was information about the level of independence the person had and what tasks they could do for themselves, this included their mobility. Staff told us they tried to maintain people’s independence wherever possible and we heard staff negotiating with people about walking to the dining room and then using their wheel chair to go back to the lounge. We saw and heard staff sensitively supporting people with dementia, they moved at the person’s own pace and sat with people talking and holding their hands.

Sensitive information was stored in a locked room in a locked filing cabinet and staff understood the importance of keeping people’s personal details confidential. They told us they never discussed anyone’s personal details outside of the service and only passed on information to other members of staff in the staff room.

Is the service responsive?

Our findings

People we spoke with knew they could make complaints and who they should speak to, comments included "I would talk to Ian, he's the boss", "The staff would help me, they are ever so kind" and "I would see Laura." They also told us they had been involved with their care plans, comments included, "We sometimes have meetings and my daughter comes, they ask me how I'm getting on, I'm fine." People told us there was a lack of activities and they sometimes got bored, comments included, "I just sit around most day, there's not really much else to do" and "I go to my room and lay on my bed for most of the day."

One relative we spoke with explained to us in the past they had issues with the laundry but had approached a staff member and the problem had been resolved. Another relative told us, "I rang up last Friday afternoon and I could hear the singer."

People's care plans were person centred and described the person, their likes and dislikes and their preferred method of communication. Care plans also described what staff should do to keep people safe who may display behaviours which challenged the service and put themselves and others at risk. We saw staff supporting people who displayed behaviours which may challenge the service sensitively making sure they were safe by using distraction techniques. Care plans contained assessments which had been undertaken prior to the person moving in to the service by the placing authority. These had then been developed into care plans which instructed the staff how to support people.

We saw care plans had been signed by either the person or their representative. Care plans also contained risk assessments with regard to people's nutritional intake, pressure areas care, mobility and dependency levels. These risk assessments were reviewed and updated as required, for example, following a stay in hospital or any changes to the person's medication. We saw people and their representatives had been involved with reviews and their comments had been recorded. One person became ill during the inspection and we saw staff contacted their GP.

During the inspection we saw the GP who visited and they told us they had a good working relationship with the staff. Other visiting health care professionals, for example district nurses, told us they had a good working relationship with the staff and the staff followed their instructions.

People's hobbies and interests were recorded in their care plans. The registered provider told us the service did not have an activities co-ordinator and the staff undertook activities with the people who used the service. However, during the inspection we saw no activities taking place. There was a lack of organised stimulation and activities particularly for those people with dementia, most people were sat in their chairs in the lounges for long periods of time unoccupied or sleeping. People told us there had been organised activities, for example outside entertainers who came in, but on a daily basis there was not much to do. This meant people could go for long periods of time without any stimulation or meaningful occupation; this could lead to people displaying behaviours which challenged the service due to boredom and frustration. **We recommend that the service finds out more about the care of people living with dementia from a reputable source.**

Staff told us they talked to people and asked them about choices and how they would like to be supported, for example which clothes they wanted to wear, where they would like to sit and what they wanted to do. We saw people's choices had been recorded in their care plans.

The registered provider had a complaints procedure which people or their relatives could access if they felt the need to make a complaint. This was displayed around the service and also provided to people in the service user guide. There was a record of all complaints received, this included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. The complaint procedure also provided the contact details of other organisations which could be contacted if the complainant was not happy with the way the investigation had been carried out; this included the local authority and the CQC.

Is the service well-led?

Our findings

We found there was lack of auditing of the cleanliness, infection control and safety of the environment which meant people were un-necessarily exposed to the risk of cross infection and lived in an environment which was not well maintained, safe and clean.

During the first day of the inspection we saw the staff were busy and not monitoring the people who used the service effectively, for example, on one occasion we had to bring the attention of the staff that someone wanted the toilet as there were no staff allocated to that lounge. This was brought to the attention of the registered provider. They told us they were monitoring the practise of one of the senior staff and were addressing the issue through their capability procedure.

People told us they were asked for their opinions about their care and welfare, comments included, “They ask me how I am and if I’m ok”, “They talk to me all the time I’m fine here” and “I’ve been asked about how I am and if I need anything.”

Relatives told us they could approach the registered provider or other staff if they wanted to discuss anything about the care their family member was receiving.

Staff told us they found the registered provider approachable and they could go to them for advice and guidance. They also told us they had regular meetings where they could discuss issues and exchange information.

The registered provider had systems in place which sought the views of the people who used the service and their relatives; this was mainly in the form of surveys. The information was collated and a report published of the findings, this was made available for people to read. The administrator spoke daily with all the people who used the service to gain their views and ensured staff were undertaking tasks effectively. On the first day of the inspection we saw and heard them directing staff and ensuring people’s needs were met. During the second day of the inspection the shift was better organised and we were told the team leader was on that day and they had control of the shift.

We saw that some audits had been undertaken of the care plans and the equipment used was maintained and serviced as per the manufactures’ recommendations.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **People were not protected from the risk of cross infection and did not live well maintained and clean environment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **People were not protected from the risk of inappropriate care and supported to make informed choices and decisions.**