

Sanctuary Care Property (1) Limited

Heathlands Residential Care Home

Inspection report

Station Road
Persore
Worcestershire
WR10 1NG

Tel: 01386562220
Website: www.sanctuary-care.co.uk/care-homes-worcestershire/heathlands-residential-care-home

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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

About the service

Heathlands Residential care home is a residential care home providing personal care to 58 people aged 65 and over at the time of the inspection. The service can support up to 63 people in one adapted building across two floors with specialist areas providing care to people living with dementia.

People's experience of using this service and what we found

People and their relatives were positive about the service and the care provided. People benefited from the new initiatives and ideas to improve opportunities for social interactions and people's well-being that involved people and their families. Staff were passionate about providing care in a very personalised way and worked with the registered manager to facilitate this. There was a culture of openness that was reflected in all aspects of the service. Suggestions and ideas were acted upon from people, families and staff. Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members needs well.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People told us there was always someone to help when they needed it. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were clean, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed the meal time experience, and relatives and friends were welcome to share this experience. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People's concerns were listened to and action was taken to improve the service as a result. The registered manager and her management team were open, approachable and focussed on providing person centred care. Systems were in the process of being updated to improve the monitoring of the quality of care provided. The management team and staff engaged well with other organisations and had developed positive relationships. The registered manager worked on promoting strong community links within the

health economy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 July 2016.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Heathlands Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

There was one inspector and an Expert with Experience as part of the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heathlands 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the chef. We also spoke with a visiting health care professional, who regularly worked with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they were safe.
- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.

Assessing risk, safety monitoring and management

- People said staff understood any risks to their safety and these were reduced.
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, one person was at risk of choking, staff ensured they consistently observed the person when eating to ensure the person was safe. Staff had a good understanding of this and the information was clearly recorded.

Staffing and recruitment

- People and their relatives told us there were sufficient staff on duty to meet people's needs. One person said, "They've been really good. Everybody's really nice and there are always people around to help." Professionals we spoke with said there were always staff available to support them in their role. Staff told us there were always enough staff and the registered manager would arrange cover if needed from staff familiar with people living at the home.
- The registered manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs.
- We saw for each day of the inspection, there were sufficient staff to meet people's needs and maintain their well-being.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service.

Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medicines were stored and monitored safely.

- We saw there had been a recent pharmacy inspection from the chemist that supplied people's medicines where no serious concerns were identified.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean, and people told us staff were thorough in their cleaning.
- There were regular infection control audits to ensure standards were maintained.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed by the management team to ensure lessons were learnt and people did not continue to be at risk. We saw there were appropriate referrals to the falls team when needed.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes as a result of incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were holistically assessed prior to coming to the home and this formed the basis for the delivery of their care.
- People's outcomes were good. For example, one family member told us about how their relative had improved since arriving at the home. They said their family member had gained weight and was much happier and was more confident at the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as food records to prevent malnutrition, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- A newer member of staff told us they had completed training when they first started the role. They were supported by experienced staff who shared best practice knowledge. They said they had the information they needed to support people well. They also told us the management team completed competency checks so they were confident they were completing their role effectively.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had dementia training which had really improved their practice when supporting people at the home. Another member of staff explained that if they wanted specific training then the registered manager would arrange this, they had recently done.
- We saw ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with said the food was lovely and they enjoyed the social experience at meal times. One person told us, "We can have whatever we like. It's a bit like a hotel. I've been satisfied with every meal I have had here." We saw people were offered choices with their meals and people we spoke with said if they wanted something different they could just ask.
- We saw people were offered drinks and snacks through the day and enjoyed their meal time experience.
- The chef was aware of people's needs and ensured there was suitable food provided. The chef regularly asked for feedback from people and reviewed their menu to include people's choices where possible.
- We saw people were supported to eat well with staff who knew their needs. For example, staff offered plated up food with the different meal choices to help people choose what they wanted.

- Relatives told us they were welcome to share a meal with their family member whenever they wanted.

Adapting service, design, decoration to meet people's needs

- All the people and their families we spoke with agreed that Heathlands had a really homely feel, and this was important to them. The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- There was clear signage for people, and the layout of the home was straightforward to facilitate people finding their way around. The communal areas were pleasantly decorated and included mementoes which encouraged the homely feel. People had the front door to their rooms painted their choice of colours to support people to identify with their own space. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People and their families explained they could access healthcare services when they needed.
- We received positive feedback from the advanced nurse practitioner we spoke with about their relationships with staff at the home. They told us appropriate referrals were made and their guidance followed. They said staff really understood people well and would quickly identify when they needed professional support.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, the management team completed a decision specific mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us all staff were kind and caring. One person said, "I really like [staff member]. They support me and help me to make the best of things." We saw staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were quick to pick up on non-verbal messages from people and react to them, for example a member of staff noticed a person was cold and moved the fan and brought a blanket for them. One person said, "The staff are nice. They are very helpful, kind and thoughtful."
- One relative said staff were, "All wonderful, they always have time to make you feel special, I don't know how they do it." Other relatives said staff were really patient and supportive to people living at the home.
- We saw examples of staff being consistently kind and caring throughout the inspection. Staff were quick to identify when people needed extra support and provide what they needed. Staff also offered emotional support when needed which improved people's well-being.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff asking people what they wanted to do and offering choices to meet people's needs. One member of staff used a distraction technique to support one person who had become anxious. This person became visibly more relaxed after the support from the member of staff.
- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "You can do whatever you want to. No one dictates to you." Another person told us, "I do whatever I want to do. I can't do as much as I used to but it's up to me." We saw people were supported to make their own choices.
- We saw there were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options and to plan days out, to ensure they were happy with the choices available. One person told us they could always make suggestions and they would be considered.
- Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives we spoke with told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as

possible. One person told us they were able to go out when they chose and if they needed help this would be provided.

- We saw staff were careful to close doors when assisting people in their own rooms. Staff also knocked on people's doors before entering and ensured people's dignity was maintained when supporting people to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them. We saw two staff supporting a person to move, the person struggled to stand so staff were patient and explained to the person they would try again later, reassuring the person. We saw the person visibly relaxed after this exchange.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with said they had interesting things to do at the home. We saw many people were regularly chatting in groups or taking part in staff lead activities. One person said, "I'm never bored." Another person told us they could do what they wanted and joined in events when they wanted to. People had access to a range of group activities such as exercise classes, entertainment and external trips. The registered manager had arranged for staff and a volunteer to provide interesting things for people to do. There was ongoing fund raising by staff to support additional ideas such trips out and special events. People, their families and staff all gave examples of how people's well-being was improved from these activities. For example, one person explained how much they had enjoyed the day out to the coast because they hadn't thought they would see the sea again. A relative told us, "There's a safari day coming up. Everyone gets dressed up. We have fun together."
- The registered manager worked with staff to provide many new initiatives that focussed on person centred social interactions to improve people's well-being. For example, staff told us about an initiative called 'a butterfly moment in time'. This was a system where staff were encouraged to pop into a person during the course of their day and have a ten-minute chat with them. This had only recently started at the home, and we saw one person had feedback how these chats had improved their well-being because they enjoyed spending time with the member of staff. Staff we spoke with were enthusiastic about this because they said people were really enjoying the chats with them. This included all staff such as cleaning and kitchen staff. A member of staff was in the process of developing scrap books with people and their families to support this initiative with the opportunity to reminisce.
- There was another initiative for a pop-up communal activity room, where different types of activities were easily accessed by people and their families. People and their families had been consulted and told us the project was working well. One relative said they were able to use the space for whatever their family member wanted to do, such as crafts and games and the equipment they needed was readily available. We saw families with younger children enjoy the room with their family member and games. Staff told us the space was adapted for religious services on a regular basis, with everything they needed easily available.
- Relatives told us their family members always had something to do. One relative told us about trips to Weston, and wine and cheese evenings that they regularly enjoyed with their family member. Another relative said, "We still do all the things we used to as a family and include [family member]. [My family member's] home was always the meeting point and it still is. As a family we come here." For example, they told us about an upcoming birthday celebration that would be held in the garden.
- One person showed us a 'Kindness Award' they had received from the registered manager, "Because I like

to help out." They were proud of receiving this and understood they had been nominated for the ward. The registered manager went on to explain that people and staff could nominate and vote for whoever they wanted to, and the person would win an award. The person also had trophies from winning quizzes at the home, they told us they were very proud of these achievements.

- The registered manager had supported a team of staff to attend additional training, a diploma in activities to improve the provision of activities at the service. This training supported the staff with ideas that were tailored specifically for people with dementia. The knowledge was then shared across the home. The outcome of this training were new initiatives, such as the ones mentioned that had started at the home to improve people's social inclusion.
- We saw another idea was to adapt paper work to collect information about people's interests from the beginning of their stay that very quickly enabled staff to be aware of people's interests so they could provide appropriate opportunities for the person.
- People said staff would do more than they needed to support them. For example, one person told us about staff, "They said if I wanted to walk in to town they would come with me." We heard staff offering to get shopping for people when they needed items. We saw staff volunteered additional support to come in on special occasions and activities such as trips out. Staff said this was because they enjoyed the events so much, and they were important to them.
- The advanced nurse practitioner told us people were treated as individuals and this improved the outcomes for people living at the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received the support they needed. One relative said, "[My family member's] key worker is brilliant. They deal with all [my family member's] care plans and we have a really good relationship with them. It's a dialogue and it's a good dialogue. It works."
- The registered manager had worked with a member of staff to review the keyworker system to improve the experience for people at the home. The project included speaking with people, relatives and staff and has resulted in a training package for new staff to ensure they are fully supported to become a keyworker. Relatives said the key worker system worked well, and staff told us the training had improved their understanding of the role.
- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We listened to a staff handover and heard staff being updated about people's risks, changes and their well-being.
- People and their families told us support could be changed when they needed it. One person explained how they had extra support now from staff after discussing with the management team. Another person now attended regular hydro therapy sessions because staff could attend with them. A relative told us, "They really know [family member]. [Family member] gets frustrated because they think they can do things like they used to. They are so patient with [family member], and they are very flexible. Each day is different and they respond to how [family member] is on the day."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which they were meeting the standards. For example, they provided large print and pictorial information to support people to make a complaint if they needed to.
- Staff routinely offered visual prompts, for example plated up meal choices to support people to make decisions.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions to gauge their preferences.
- We saw one member of staff offer a person a drink, they did not seem to understand, so the staff member went and got two different flavoured jugs of squash and offered them to the person. The person pointed to the one jug and said thank you.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made these were investigated and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous learning in the future.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. The registered manager explained they were well supported by other agencies to ensure, where possible, people remained at the home when at the end of their life. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the management team knew them well and treated them as individuals. We heard and saw many examples of person-centred care from staff and the management team. The registered manager led by example to be inclusive and person centred when moving around the home.
- The registered manager completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives explained they had confidence in the management team and staff. All the staff we spoke with were passionate about providing quality care for people living at the home.
- All the staff we spoke with said there was an open and positive culture, led by the registered manager and supported by the management team. Staff said they felt appreciated and listened to by the management team and when they had ideas for improvements they were listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were confident they would be notified if there were any concerns about their family member. Relatives confirmed they were consistently told when there had been a fall, or their family member was unwell.
- We saw when there were complaints raised the registered manager met with the person where possible to fully understand and resolve the issues. The registered manager always apologised whatever the outcome of the complaint.
- We saw when there were safe guarding concerns these were always shared with the relatives involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives gave positive feedback about the accessibility of the registered manager.
- The service was led by a registered manager with an experienced supporting management team. Staff were clear about their responsibilities and the leadership structure. The regional manager regularly visited the home. Staff were confident that the management team would listen and support them when they needed it.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory

requirements. Risks were clearly identified and escalated where necessary.

- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The registered manager had an action plan to take forward improvements to the service which was reviewed regularly with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team. We saw when feedback had been gathered it had been analysed and shared with people, relatives and staff. It was also available to people visiting the service.
- Meetings for people using the service and for relatives were held regularly and feedback was discussed to improve people's experience.

Continuous learning and improving care.

- The registered manager was working on an action plan to ensure improvements were completed and sustained. All the staff we spoke with were positive about the registered manager. They were proud of the quality of the care provided. They all said the registered manager always involved them with improvement ideas.
- The provider spent time at the home and drove through improvements. For example, working through audits which feed into action plans to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others.

- We heard positive feedback from the advanced nurse practitioner that management and staff worked effectively with them to improve people's health and well-being.
- The registered manager attended community clinical meetings with the community clinical governance team to review systems and provide joined up services for people.
- The registered manager linked regularly with the community to improve people's well-being. For example, a local nursery regularly visited to spend time with people living at the home. The registered manager also offered opportunities to people in the community, for example offering bathing facilities when needed.