

Four Seasons (Bamford) Limited

Heywood Court Care Home

Inspection report

Green Lane
Heywood
Rochdale
Lancashire
OL10 1NQ

Tel: 01706541184

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Heywood Court Care Home is a purpose built detached home close to the centre of Heywood. Accommodation is provided over three floors. The home is registered to provide accommodation and personal care for up to 43 people. On the day of our inspection 41 people were living at the home.

People's experience of using this service:

The service met the characteristics of good in all areas and was rated good overall.

People told us the service was well run, staff were kind and independence was promoted which had a positive effect on their lives.

Staff continued to be robustly recruited to ensure they were safe to look after vulnerable people and there were enough well trained staff to meet the care needs of people who used the service.

Medicines continued to be safely administered.

People had their known risks assessed and action was taken to protect their health and welfare. This included the provision of any specialist equipment such as pressure relieving devices.

We saw that gas and electrical equipment had been maintained.

The principles of the Mental Capacity Act (2005) were followed to help protect people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Food served at the home was nutritious and people had a choice in what they ate.

Staff received the training, support and supervision they needed to carry out their roles effectively.

People were able to personalise their rooms to their own tastes. The home was clean and there was a relaxed and homely atmosphere.

People's independence was promoted, they could make choices about their care and were treated with dignity and respect by staff.

People who used the service said staff were kind and caring. We observed staff and saw they helped preserve people's dignity when delivering care.

Activities were available for people to access within the home and individual interests were encouraged. People were supported to engage in these activities.

There were systems to record and act upon complaints, accidents and incidents to help improve the service.

Managers conducted audits to ensure the quality of service provision was maintained.

Rating at last inspection: At the last inspection (report published 11 November 2016) the service was rated as good.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Heywood Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by one adult social care inspector.

Service and service type: Heywood 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.

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 which meant the service did not know we were coming.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people who used the service and three relatives to ask about their experience of the care provided. We also spoke with the registered manager, deputy manager, the regional manager and three care staff care staff.

We reviewed the care plans and risk assessments for four people, four staff recruitment files, the training and supervision records for all staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People who used the service commented about safety. They told us, "I feel very safe and I am happy here" and "I feel very safe here. Staff make sure we are safe." A relative said, "I never feel worried about leaving our relative. It is a blessing and I like coming myself."
- Staff had received training in safeguarding vulnerable people. Staff were aware of the whistle blowing policy and all the staff we spoke with said they would not hesitate to report any poor practice.
- The service had policies and procedures staff could refer to for guidance and used the local authority procedures to report abuse.
- Any safeguarding incidents had been reported to the relevant authorities and lessons were learned where possible.

Assessing risk, safety monitoring and management.

- Each person had a risk assessment around aspects of care such as mental capacity, moving and handling, falls, tissue viability (the prevention of pressure sores) and nutrition.
- Where the assessment showed the person was at risk, we saw action had been taken to access professional guidance and any equipment required. This included mobility aids, pressure relieving devices and food supplements.
- The registered manager conducted walk around audits at least once daily to check for any hazards, for example fire escapes were not obstructed and there were no hazards which could cause slips, trips and falls.
- Each person had a personal emergency evacuation plan (PEEP) to ensure people had the right support if they needed to leave the building in an emergency.

Staffing and recruitment.

- The recruitment of staff remained robust because all the required checks were undertaken prior to a person commencing employment. We looked at the off duties and saw there was usually a member of the management team and enough care and supporting staff such as cooks and domestics to meet people's needs.
- People told us they did not have to wait long when they required assistance.

Using medicines safely.

- The administration of medicines remained safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors.
- We checked the recording and storing of stronger medicines called controlled drugs. We checked several of the medicines and found they tallied with the numbers in the register. Two staff members recorded the administering of these medicines.
- As required medicines had a protocol in place to ensure staff knew what they were for, the dose to give and

how often they can be given in a twenty four hour period. This ensured people had their medicines when they needed them.

- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice. The medicines systems were audited regularly to check for any mistakes.

Preventing and controlling infection.

- On both days of the inspection we observed the building was clean, tidy and free from offensive odours.
- The registered manager checked the cleaning schedules and regularly had a 'walk around' to check the home was clean.
- There were policies and procedures, including good hand washing guidance for staff to follow safe practice.
- The laundry was sited away from food preparation areas and there were staff employed to launder clothes, which helped prevent the spread of infection because they did not provide any personal care.
- People we spoke with told us their rooms were kept clean and tidy.

Learning lessons when things go wrong.

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.
- The registered manager told us other lessons they had learned following incidents. For example, they had improved their practice on confidentiality by informing staff not to talk about a person's personal care in communal areas and marking items with people's names to ensure they were not shared. This included items such as personal toiletries.

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

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork.
- We saw that staff waited for a person to consent to any personal care or support they needed.

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

- The pre-admission processes continued to be robust and thorough to ensure the service could meet each person's needs.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, so they identified people's current needs.
- Protected characteristics were incorporated into the plans of care and we saw that people were able to attend groups and activities that reflected their known choices and wishes. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience.

- All new staff were enrolled on an induction. Staff new to the care industry were required to complete the care certificate which is a nationally recognised training system.
- New staff were supported by experienced staff until they felt confident and managers felt they were competent to meet people's needs.
- The training records for the organisation and staff we spoke with confirmed they had received training in all

mandatory areas such as health and safety and moving and handling.

- Staff were encouraged to undertake further training. This included end of life care, mental capacity and DoLS and the care of people with a dementia.

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

- We observed a lunch being served and saw that it was a social occasion. All the people we spoke with at the mealtime said the food was consistently good. People we sat and spoke with told us, "The food cannot be beaten. We get a good choice"; "The food is nice family type food" and "The food is very good."
- Care plans we looked at confirmed people's dietary needs had been assessed and support and guidance recorded. We saw that where required people were referred to professionals to support their needs. This included speech and language therapists (SALT) for swallowing difficulties or people who needed special or fortified diets.
- Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.
- The kitchen had achieved the highest award from the local authority food safety agency, which showed the cook followed known good practices.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- This included specialist support for people who had a complex medical illness. This ensured people and staff had effective support.
- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.

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

- When we toured the building we saw the signage was clear for people with dementia to move around the building. This included several signs to direct people to the lift because this was an area the service had highlighted that people had difficulty finding.
- We looked around the home and found the building was homely and comfortable and met people's needs. There was sufficient communal and private space. It was suitable for people with reduced mobility and wheelchairs. Aids were in place to meet the assessed needs of people with mobility needs.
- There was a system for the repair or replacement of equipment or furniture. There was also planned redecoration which ensured the environment remained suitable and homely.

Supporting people to live healthier lives, access healthcare services and support.

- We saw records of attendance at hospitals and routine appointments with opticians, podiatrists and dentists had been arranged. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us, "Staff are very kind and look after me"; "It is very nice here. The staff are very genuine and kind and caring"; "The staff are very pleasant and I cannot fault them. They work very hard" and "It is friendly. The staff are great. If I didn't like it I would not be here."
- Visitors/relatives we spoke with said, "The staff are very good. The first time we came in they asked us what our friend likes. We thought that was good. They also asked us what [person] wants to do. The staff are wonderful. Very welcoming. They care for our friend here far better than the home [person] was in" and "The staff are very communicative and caring. They let us know of anything that is going on. I am happy with the care here."
- Staff we spoke with were motivated and enjoyed working at the service making comments such as "There is a good staff team" and "I like working here. It is all I know. I like working with people with dementia. I think it is rewarding work." All staff said they would recommend the home to a family member.
- We observed people who used the service and staff had a good rapport and staff knew people very well.
- We saw in the plans of care that a great deal of information was gained on a person's past history, their likes and dislikes, interests and hobbies. The person's views on their gender, sexuality, religion or spirituality and age was recorded and action taken to ensure their wishes were fulfilled. We saw that arrangements had been made for people to practice their faith in the home.

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

- People were able to attend meetings to discuss the running of the home and raise any ideas they had. We saw that the service responded by organising activities such as holding a 'blanket day' where people could remain in their night wear covered in a blanket and trips were being arranged to go to a zoo.
- Meetings also gave managers a chance to introduce new staff and talk about any changes.
- Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence.

- We observed people at different times working in the garden independently of staff. We spoke with one person who told us they had taken up gardening since coming into the home. The person also told us they had been attending a woodworking class and was making items for the garden. The person said staff encouraged independence.
- A person who used the service told us, "I love it here. I am making the most of it. They talk to me and treat me with dignity. I try to be as independent as possible. I get a choice of when I get up and go to bed. I have to keep saying the girls are wonderful. They respect us."

- We did not see any breaches to privacy when staff assisted people with their care needs, this helped protect their dignity.
- Some staff had trained to become dignity 'champions'. The extra training they received helped them provide guidance and support to other staff working at the home.
- Staff received training on confidentiality and we saw all records were stored securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The plans of care we looked at were detailed to provide staff with the necessary guidance to care and support people who used the service.
- The plans were individualised and reviewed regularly to keep staff up to date with any changes.
- Care files contained information on people's life history. This provided staff with information to support engagement with people.
- Throughout the inspection activities were provided to keep people entertained. There was a person who was employed to provide activities. We spoke with the staff member who told us the activities were always suitable to what the person wanted and could be on a one to one basis if they wished. People told us they had a choice in what they attended.
- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Staff ensured that people had their hearing aids and spectacles. Information could be provided in different formats such as large print.

Improving care quality in response to complaints or concerns.

- Each person had a copy of the complaints procedure in literature contained within their rooms. There was also further advice on complaints and safeguarding around the building.
- People who used the service told us they would refer any concerns to a member of staff they felt comfortable with. People we spoke with commented, "I have no complaints. You can talk to the staff if you do have any worries" and "Any problems I have had have been sorted."
- Any person or visitor could use the homes electronic quality assurance system to record any concerns anonymously if they wished.
- We saw that managers responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support.

- Staff received end of life training at the local hospice which would enable them to provide care for people at the end of their lives and offer support to family members and staff through their bereavement.
- We saw some people had end of life plans within their care documents. The registered manager said not all people who used the service, or their family members had wished to discuss the topic but would provide information should a person deteriorate.
- For the people who had completed the plan this provided staff with information of what a person wanted to happen when they were ill and details of their funeral arrangements, so their wishes could be respected.
- The registered manager was aware of the services that could be approached for support or pain relief if required for palliative care.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager provided good leadership to staff and was available for people and family members to talk to. Staff said the management team was supportive.
- A person who used the service said, "It is run like clockwork with very good team work. I recommend the home."
- The registered manager and provider were aware of their responsibility regarding duty of candour. The registered manager and provider were aware of their responsibility to be open and transparent with those using the service when things go wrong with their care and treatment.
- The service had a statement of purpose and service user guide which explained the legal status of the company and the services and facilities provided.

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

- The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Staff we spoke with were aware of the management structure and all thought managers were supportive.
- Other staff received extra training to become champions for dignity and end of life care to help provide a better quality service.
- The management team and staff we spoke with demonstrated their commitment to provide a quality service. People who used the service told us the home was well run.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to the CQC.
- Managers audited the quality of the service. This included medicines, plans of care, cleanliness, health and safety and activities.

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

- People who used the service were invited to meetings and to complete surveys to have a say in how the service was run.
- Staff told us they were able to attend meetings and were encouraged to add items to the agenda or air

their views. This created a positive culture at the home.

- Staff received training around equality, diversity and dignity. We saw how this helped staff support people around their diverse needs.

Continuous learning and improving care.

- The regional and registered manager conducted quality assurance audits to help maintain and improve the quality of service provision. From their observations a plan was formulated and signed off on completion.
- Staff had observational competency checks to help maintain the quality of care and support at Heywood Court.
- The registered manager attended meetings with other providers, social and health care staff to look at best practice. This helped improve care for people who used the service.

Working in partnership with others.

- The management team and staff worked alongside other professionals to ensure the care and support they provided was proactive. This included specialist nurses and social workers to ensure people received the care they needed.
- The registered manager attended meetings within the services organisation and with other managers working within the local authority. Best practice issues were discussed at the meetings.