

Heath Cottage Care Home Ltd

Heath Cottage

Inspection report

119 Station Road
Pendlebury, Swinton
Manchester
Greater Manchester
M27 6BU

Tel: 01617941658

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03 July 2019

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Heath Cottage is a large detached property and provides residential care and accommodation for up to 28 people. There is a car park to the side of the building and ramped access to the rear of the property.

People's experience of using this service:

We carried out this unannounced inspection on 3 July 2019. At the time of the inspection there were 21 people living at the home.

Some potential risks at the home were not always well managed regarding trip hazards and fire safety.

The home was not always keep clean and tidy to reduce the risk of the spread of infections.

Medication was not always stored and recorded safely.

Appropriate systems were not always in place regarding the Mental Capacity Act (MCA).

Audits and quality assurance systems were in place at both managerial and provider level, although needed to be improved to ensure they were fully effective.

We have made a recommendation about ensuring the body maps are completed with sufficient detail.

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service. Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use.

There were enough staff to care for people living at the home, although the lounge and communal areas were left unattended at times by staff when people required assistance. Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People told us they liked the food available and we saw staff supporting people at meal times, if they needed assistance. Where people needed modified diets due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

Activities were available for people to participate in if they wished, although if people did not want to take part then their decision was respected.

The feedback we received about management and leadership was positive overall.

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 January 2017).

Why we inspected:

This was a routine comprehensive inspection.

Enforcement

We have identified a breach of regulations at this inspection in relation to safe care and treatment, need for consent and good governance. We did not take any enforcement action however.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement rated services, however if any further information of concern is received, 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heath Cottage

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 team consisted of one inspector from the CQC and an Expert by Experience. An Expert by Experience is someone who has personal experience of caring for people with care needs similar to those living at Heath Cottage.

Service and service type:

Heath Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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:

The inspection was unannounced. This meant the service did not know we would be visiting on this day.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). 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 contacted Salford Council for feedback from stakeholders who had involvement with the home.

During the inspection we spoke with the registered manager, the nominated individual, five members of care staff (from both the day and night shift), nine people living at the home and three visiting relatives.

We reviewed five care plans, five staff personnel files, five medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

We also carried out standard observation framework for inspection (SOFI). This enables us to determine how staff interact with people who may not be able to communicate their views.

Is the service safe?

Our findings

Safe – this means 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- Risks to people's health and safety were not always well managed.
- Each person living at the home had their own risk assessment in place covering areas such as moving and handling, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency.
- Some fire doors in the home were held open by inappropriate means with things such as door wedges and curtain ties. This had been raised as a concern during the last fire risk assessment and meant the doors may not close properly in the event of a fire.
- We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. People had access to necessary equipment if they needed it such as walking sticks and zimmer frames.
- Some trip hazards were noted in the main dining room such as trailing wires. Although these ran alongside the wall, people were seen close to the area when looking out of the window and meant there was a risk they could fall when mobilising.
- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses. Records were also maintained by staff when they helped people to change position in bed to relieve the pressure on their skin.
- All building checks had been completed, with records of work undertaken documented on safety certificates. This included areas such as gas safety and electrical installation.

Preventing and controlling infection:

- We found the home was clean and where any odours were present, measures were taken to minimise these during the day. The dining room was not always clean and we observed lots of food was left on the floor at both breakfast and lunch and was not cleaned up by staff. We observed some people walking in the food and then leaving the room which increased the risk of the spread of infection throughout the home.
- Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. PPE was not always stored safely however and we observed aprons being stored on side cabinets which presented the risk of them becoming contaminated.
- Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels.

Using medicines safely:

- Some aspects of people's medication was not always managed safely. There were no records when

people's drinks had been thickened to ensure they were not placed at risk of choking and aspiration. Both drink thickeners and creams were not always stored securely meaning there was a risk they could be used in an unsafe way by people who did not know what they were, particularly people living with dementia.

- People's medication administration records (MAR) were completed accurately, with signatures provided when medicines were given.
- Medication fridges were available to help keep medicines at the correct temperature. Overall, regular fridge and room temperature checks were completed by staff, however gaps in recording were noted on certain days.
- Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

There was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding safe care and treatment because there were concerns regarding risk management, medicines and infection control.

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

- People living at the home and relatives told us they felt the home was a safe place to live. One person said, "I feel safe and like it here. They come quickly to my buzzer." Another person said, "I feel safe, it has a good feeling here." A visiting relative also told us, "People are safe and alright here. I have no worries."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A log of safeguarding incidents which had occurred within the home was maintained, along with any alerts that had been made to the local authority.
- Body maps were completed when any marks or bruises were found on people's skin, although these were not always completed with sufficient detail about actions taken when bruising was unexplained.

We recommend any follow up actions and investigations are clearly documented when unexplained bruising/marks have been identified.

Staffing and recruitment:

- There were enough staff working at the home to care for people safely, however there were times when the dining room and communal area were left unattended by staff and people required assistance. Management were aware of this issue and this had been discussed at a recent staff meeting.
- Staff spoken with during the inspection told us they felt staffing levels were sufficient to meet people's care needs.
- Staff were recruited safely, and we found all relevant checks had been carried out prior to them commencing their employment.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes because peoples consent wasn't always sought

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 displayed an understanding about when DoLS applications were required. matrix. DoLS and MCA training had been completed by staff.
- Capacity assessments were completed, however were not always decision specific about people's abilities to make choices and decisions. For instance, several people had sensor mats in place because they were at risk of falls. The sensor mat alerted staff when they tried to walk, although this restricted their freedom of movement.
- Another person required covert medication which meant staff had to put their medication into their food because they may refuse to take it.
- These people lacked capacity however and decision specific capacity assessments and best interest discussions had not taken place regarding these decisions to ensure consent was provided.

The issues we found regarding mental capacity meant there had been a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding need for consent.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a

thorough understanding of what was required within their role.

- Staff spoke positively of the training provided and said enough was available to support them in their roles. Mandatory training courses had been completed by staff in areas such as health and safety, moving and handling, infection control, safeguarding and dementia.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work. Although appraisals had been completed and this was confirmed by staff, the records for these sessions could not be located at the time of the inspection.

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

- The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives we spoke with, said they were consulted about the care provided and felt involved.

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

- People and relatives we spoke with were complimentary about the meals provided. One person said, "There are plenty of choices and the food is nice." Another person said, "There is enough good food and I ask for seconds all the time."
- Staff supported people to eat and drink at meal times as required. Other people were able to eat independently and this was something that was encouraged by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed sufficient levels of fluids were consumed by people. Drinks were available throughout the day.
- People's weight was regularly monitored. Where people had lost weight, we saw they had been appropriately referred to other health care professionals, such as the dietician service for further advice.

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

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home. Professionals such as district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

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

- The home is set over two floors with bedrooms on each. The upper floor could either be accessed via the main staircase or passenger lift.
- Disabled access was available the main entrance so that people with mobility problems could enter the home if they used a wheelchair.
- People's bedrooms door contained a photograph and their name displayed. The doors resembled 'Real front doors' of a house, making them easier to locate. Signage was clear around the home, guiding people to areas such as the lounge, lift and toilets. A memory tree had also been created.
- Pictures were displayed on the wall of famous actors and singers from many years ago to give people the opportunity to reminisce about their past.
- At the time of the inspection the garden area was overgrown and would benefit from additional maintenance to make it look better presented. Staff used the main entrance as a smoking area and some of the feedback we received was that this created a poor first impression of the home

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 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 living at the home spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "The staff are very kind and caring and will talk to me." Another person said, "The staff are caring and will go the extra mile if I need them to."
- Visiting relatives also made positive comments about the care provided. One relative said, "The staff are reliable, kind and caring, They understand mums needs." Another relative added, "The care here is lovely."
- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home.
- People's equality, diversity and human rights (EDHR) needs were taken into account and reflected the care provided, although at the time of the inspection, all the people living at the home were of white british ethnicity. Staff told us people would be treated equally regardless of their age, gender and race.

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

- 'Resident meetings' were held so that people could express their views about the care and support they received. Questionnaires were sent, seeking people's views and opinions about the service, although these had not always been returned. Reviews of people's care had also been undertaken with involvement from people living at the home and families.

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

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were always closed when personal care was in progress.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment they may need.

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 remained the same, good. This meant 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:

- Each person living at the home had their own care plan in place and we reviewed five of these during the inspection. They provided information for staff about the care and support people needed.
- The care people received was reflective of their assessed needs and we saw people's preferences being adhered to during the inspection.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.

Meeting people's communication needs:

- The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff.
- Care plans contained information about people's communication and if they required the use of any sensory equipment. Where any sensory equipment was needed, we observed these were being worn by people during the inspection. Annual eye appointments were made and attended by people living at the home to help them with their sight.

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:

- There were different activities available for people to participate in if they wished to. An activity planner was also on display on the main notice board of things that were due to take place during the week. The home had a small conservatory and this was used to facilitate gardening activities with people living at the home.
- People were supported to maintain relationships and we saw people's friends and relatives visiting the home throughout the inspection.

Improving care quality in response to complaints or concerns:

- A central log of complaints was maintained, along with details about how each one had been responded to. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the complaints policy and procedure.

End of life care and support:

- The home provided end of life care to people as necessary, although nobody was receiving end of life care at the time of the inspection. People's care plans took into account their wishes as they approached the end

of their life and how they wanted their care to be delivered.

- Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected regarding being resuscitated during an emergency. End of life medicines were ordered and available to use when required.
- We received positive feedback from the local end of life care team about the care provided to people living at the home.

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, although had now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Confidential information was stored securely and we saw documents such care plans and staff recruitment files were stored in the main office which was always locked.
- The ratings from the last inspection were clearly displayed within the home.
- Statutory notifications were submitted as required.
- Audit systems were in place to monitor the quality of service. Regular audits of people's care plans, medicine records, pressure care, food/fluid charts and the environment took place. Provider level audits were also undertaken on a regular basis.
- Further improvements were required to overall governance arrangements to ensure they were effective in identifying some of the concerns found at this inspection and that regulatory requirements were met.

This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance.

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

- Staff meetings took place at the home with gave them the opportunity to discuss their work and improve the service people received. Staff said these took place regularly and minutes were available after the meeting, detailing what had been discussed.
- Systems were in place to obtain people's feedback such as the use of surveys and holding residents meetings.

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

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plan documentation was person-centred and empowered people to be independent as possible.
- People told us the staff knew them well and responded to their needs in a person-centred way.

Working in partnership with others; continuous learning and improving care:

- The home had developed a number of links within the local community. This included mobile libraries, schools/nurseries, universities and churches. The home were also in the process of arranging pet therapy,

where a dog would visit the home, giving people comfort.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Appropriate systems were not always in place to ensure consent was obtained from people living at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not always in place to ensure people received safe care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not always in place to ensure good governance within the service