

Heanton Limited

Heanton Nursing Home

Inspection report

Heanton
Barnstaple
Devon
EX31 4DJ

Tel: 01271813744

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24 April 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was unannounced and took place on 24 April 2017 in response to some information of concern received by the local authority safeguarding team. This information related to issues relating to infection control practices, people's care needs not being met, staff attitude, lack of respect and dignity and people being placed at risk from lack of hygiene and continence support. None of the concerns raised to the Local Authority Safeguarding Team have been upheld. We observed people being treated with respect, dignity and the staff observed were caring and compassionate on the day we inspected.

This report only covers our findings in relation to the areas of concern identified in the information of concern we received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heanton Nursing Home on our website at www.cqc.org.uk.

When we last inspected on the 3 and 6 February 2017 we rated the service as overall 'requires improvement' with two breaches in regulation. These related to safe care and treatment. In particular we identified issues in relation to the safe storage of medicines and accuracy of records of medicines administered. We had also observed one incident where a person had not been fully supported to prevent their risk of choking. We also issued a requirement in relation to good governance. We found that although audits were in place they had not picked up on some of the environmental issues we identified and there had not been medicine audits for six months. We asked the service to send us an action plan to show how the breaches in regulation were going to be met and what improvements they intended to make. We received this action plan within the timescales requested. At this inspection we checked compliance with regulation 12, safe care and treatment and found this was met. We did not check on regulation 17, good governance, as we judged there to be insufficient time to enable the service to demonstrate that their audits and quality assurance improvements were embedded. This was because it was less than two months since the last comprehensive inspection took place. As part of this inspection we did review and discuss audits relating to medicines and dignity as these were areas we were reviewing at this inspection.

Heanton is registered to provide nursing and personal care for up to 52 people. They mainly support people with dementia. At the time of this inspection there were 46 people living at the service.

The provider has developed and implemented a care model based on the household model of care pioneered in the USA by LaVrene Norton, Action Pact and Steve Shields. This had resulted in the environment being divided into smaller houses to support small group living. Groups were determined based on the stage of the dementia of the person living at the home. There were four 'houses' (distinct areas within the building) which provided care for people at early stages of dementia, and people living with dementia who were experiencing an altered reality. The third area was for people who were living with dementia who were in a repetitive stage and the fourth house was designated for people who were living

with advanced dementia. The provider had implemented this model with the support of specially recruited dementia practitioners. This implementation was still work in progress with staff still learning about the model of care and the environment still being adapted to suit each of the houses.

The service had a manager who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Since the last inspection the provider has introduced a new 'housekeeper' role at the service. There were two housekeepers, one on each floor. Their role was to have oversight at mealtimes and throughout the day to ensure people have what they need. They also ensured people were fully supported to prevent the risk of choking when eating. This appeared to be working well, the home had employed staff specifically for this role. Specific staff members took this role during the week so at present an allocation was made at weekends within the rota to ensure there was a staff member who oversaw the meal time experience. The provider has informed us that as either existing staff members or new employees are identified and or recruited with the right attitudes and values this role will be individually rostered seven days a week.

Staffing levels in some areas of the home needed to be reviewed. Since feeding this back to the service, they have made some changes to the way staff breaks are taken. They now ensure only one staff member takes their break at a time. This meant once people have had their lunch, staffing levels remained consistent. We heard from the provider that this change had already had a significant positive impact for people living in the two houses upstairs. The deployment of staff in some area of the home needed to be reviewed, including in Tarka where people were living with complex needs. The provider agreed they needed to review the deployment of staffing in this and other areas to ensure they had the right balance of support for people at key times. We have made a recommendation about ensuring the deployment of staff is reviewed.

People were protected by safe medicines management. Medicines audits were being completed and there was a good audit trail of medicines and when they were being received and administered. Checks were being kept on the temperatures of where medicines were being stored.

People were protected against the risks of infection control. This was because infection control procedures were being followed by staff. We found no current evidence to support the allegation that there was poor infection control. Information received prior to this inspection stated that there were times that dog faeces and urine had been left on communal areas. The provider and manager agreed this was unacceptable and had taken actions to ensure this would not occur again.

People were being supported by staff in a kind and caring way. We saw people's dignity and privacy being upheld. However we found some support plans lacked detail to ensure staff knew the strategies in place to ensure people's dignity was maintained. Clarity in support plans was also needed to ensure people's behaviours were managed safely and consistently.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe

Staff deployment in some areas of the home did not ensure people's needs or safety at all times. The provider was reviewing staffing levels and how best to deploy staff.

People received their medicines on time and in a safe way.

Staff managed risk in positive ways to enable people to lead more fulfilling lives. Some improvements were needed to ensure care plans reflected the support needed to ensure people's behaviours were managed safely and consistently.

There was better oversight during mealtimes to ensure people's safety.

Requires Improvement 

Heanton Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April 2017 and was unannounced. It was completed by two adult social care inspectors.

Prior to this inspection we reviewed all the information available to us. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We looked at the previous inspection report and the provider action plan. We also reviewed the details of issues of concern identified via safeguarding to help us determine which areas we wished to focus on.

We spent time in communal areas of the home to see how people interacted with each other and staff and to help us make a judgment about the atmosphere and values of the home. We spoke with four people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We looked at four care plans and daily records relating to the care and support people received. We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at seven medication administration records and medicines and at dignity audits. We spoke with eight staff including the manager, director, clinical lead and training coordinator.

Following the inspection we received feedback from two healthcare professionals.

Is the service safe?

Our findings

At the last comprehensive inspection we rated this domain as requires improvement and issued a requirement in relation to a breach of regulation 12- safe care and treatment. This was because we witnessed one incident of someone almost choking at lunchtime and because improvements were needed in medicine management. At this inspection we found the service had met this requirement.

Since the last inspection the service have introduced a new 'housekeeper' role across the two floors. Their role was to have oversight at mealtimes and throughout the day to ensure people had what they needed and to ensure people were fully supported to prevent the risk of choking when eating. This appeared to be working well, the home had employed staff specifically for this role. Specific staff members took this role during the week so at present an allocation was made at weekends within the rota to ensure there was a staff member who oversaw the meal time experience. The provider has informed us that as either existing staff members or new employees are identified and or recruited with the right attitudes and values this role will be individually rostered seven days a week

Improvements had been made to medicine management. This included regular medicine audits being completed. Actions were taken where areas of concern were identified. For example, the recent medicine audit had identified improvements were needed in relation to the administration of topical creams. Prescribed creams were recorded on people's medicine administration records (MAR). The information was transferred on to a topical cream chart to be signed by care staff when topical creams had been administered. This guided staff which cream to use, where it should be applied and the frequency of the cream application. Their audit had identified there were gaps on some charts and no clear guidance regarding the frequency of application. We identified there was no oversight by the registered nurses to ensure people's cream were being applied as prescribed. The provider's representative had organised a meeting with the nurses at the unit for the day of our visit. They said they were intending to discuss the findings of the audits and put in place changes to address the concerns.

A designated nurse had been delegated responsibility for monitoring medicine management at the service. There was a system in place to monitor the receipt and disposal of people's medicines. There was a procedure to monitor daily the temperature of the medicine fridge and medicine room to ensure it was at the recommended temperature. The last medicine audit had identified that at times the medicine room was above the recommended temperature. Staff had taken immediate action at the time and used a fan to cool the room. A cooling unit was on order to be used in the room to maintain the required temperatures.

Medicines at the service were locked away in accordance with the relevant legislation. Medicine administration records in relation to medicines were accurately completed. Where people had medicines prescribed as needed, (known as PRN), protocols were in place for to guide staff, about when and how they should be used.

On the day of the inspection, we were told there was a full complement of staff as per the provider's rota and preferred staffing levels. At key times during our visit, those staffing levels were bolstered by the manager

and a manager from another service working alongside staff and people to support them at the lunchtime. Two senior managers from the provider's quality assurance team were visiting on the day of our inspection. Both spent time on the different areas and at times assisted with care and support to people.

Staffing levels in some areas of the home needed to be reviewed. Following the lunch period in Chichester and Bideford houses upstairs, people were very active and there were limited staff available to support them. We did not see any direct impact, but there was clearly potential for people to become distressed if other people were in their personal space or interacting in a way they found distressing. We fed this back to the service, in response to this they have made some changes to the way staff breaks are being taken. They now ensure only one staff member takes their break at a time. This meant that following lunch for people who live at the service, staffing levels remained consistent. We heard from the provider that this had already had a significant positive impact for people living on the two houses upstairs. At the time of the inspection there was an active trial in merging the two houses upstairs owing to the presenting needs of the people living there.

The deployment of staff in some area of the home needed to be reviewed, including in Tarka where people were living with complex needs. The provider agreed they needed to review the deployment of staffing in this and other areas to ensure they had the right balance of support for people at key times. Staffing levels at Tarka needed to be kept under review. This was because the three people who lived in this house had complex needs. This meant that on occasion one or two people required more than one member of staff to support them. One person had one to one funding for most of their waking day and one other had one hour of additional support per day. The service's staffing rota showed there were two care staff on each shift for this house.

We recommend the deployment of staff is reviewed to ensure people's needs are being met at all times.

We had feedback from another professional following the inspection, that when they visited there was only one member of staff on this unit. The professional did not raise their concerns with anyone in the service at the time and the provider gave details to us about how this staff sickness was covered so no one was at any risk. The provider has since the inspection said an additional staff member from the neighbouring house Williamson was allocated to support both the team and the people living in in Tarka as required. This occurred across all shifts' and was easily identifiable on the rota. The number of incidents that have occurred in this house have reduced which evidences positive outcomes for people living here.

Where people had complex needs and required a support plan to help inform staff about how best to protect and support them, we found two which lacked detail. For example one person struggled to feel comfortable in clothes. They stripped off their clothes, which impacted on their dignity and may have caused some discomfort for people around them. The service had looked at various strategies and were currently trialling the person wearing an onesie. An onesie is an all in one sleep suit. The staff felt this may help protect the person's dignity as they were more comfortable in this type of clothing and therefore less likely to remove clothing. This level of detail was not contained within their support plan. The impact was minimal as staff knew what to do to support them, but newer or agency staff may not know and need the support plans to be accurate so a consistent approach is maintained.

Information of concern received indicated people were not always afforded respect and dignity. This included people being in various states of undress and wearing clothes that did not fit them. Our observations at this inspection showed people's dignity and respect was being upheld. People were supported to wear appropriate clothes. People looked clean and well groomed. When people were assisted to eat their meal, staff ensured any spills were wiped away and people's faces and hands were cleaned.

Information of concern indicated people were at times neglected in respect of their personal care. We saw no evidence to support this. People were offered opportunities to be assisted to use the bathroom at various times throughout the day. We did not observe anyone with soiled clothes or looking like they needed to be assisted with personal care.

Information received prior to this inspection stated that there were times that dog faeces and urine had been left in communal areas. The provider and manager agreed this was unacceptable and had taken actions to ensure this would not occur again.