Heatherdale Healthcare Limited

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Inspection report

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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

The inspection was carried out on 27 April 2017 and was unannounced. We returned on 3 May 2017 to complete the inspection.

The home provided accommodation, personal and nursing care for older people. The accommodation spanned two floors and a lift was available for people to travel between floors. There were 38 people living in the home when we inspected. Nursing staff and care staff assisted people to manage chronic and longer term health issues associated with aging or after an accident or illness.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At our last inspection 25 May 2016, we gave the home an overall rating of, 'Good', but found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to Regulation 12, Safe Care and Treatment. Medicine's records were not always accurate. We asked the provider to take action to meet Regulation 12. The registered manager sent us an action plan telling us the actions they had taken to meet the regulation.

At this inspection, there had been some improvements, but we found recording errors were still occurring. We made a recommendation about this.

Staff received training that related to the needs of the people they were caring for and nurses were supported to develop their professional skills maintaining their registration with the Nursing and Midwifery Council (NMC).

There were policies in place for the safe administration of medicines. Nursing staff were aware of these policies and had been trained to administer medicines safely.

Nursing staff assessed people's needs and planned people's care. They worked closely with other staff to ensure the assessed care was delivered. General and individual risks were assessed, recorded and reviewed. Infection risks were assessed and control protocols were in place and understood by staff to ensure that infections were contained if they occurred.

The provider and registered manager ensured that they had planned for foreseeable emergencies, so that should emergencies happen, people's care needs would continue to be met. Equipment in the home had been tested and well maintained.

Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made.

The registered manager had ensured that they employed enough nursing and care staff to meet people's assessed needs. A robust agency back up system was in place. The provider had a system in place to assess people's needs and to work out the required staffing levels. Nursing staff had the skills and experience to lead care staff and to meet people's needs effectively and the registered manager provided nurses with clinical training and development.

People were supported to eat and drink enough to maintain their health and wellbeing. They had access to good quality foods and staff ensured people had access to food, snacks and drinks during the day and at night.

We observed safe care. Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse. Nursing staff understood their professional responsibility to safeguard people. The registered manager responded quickly to safeguarding concerns and learnt from these to prevent them happening again.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk was assessed and the steps to be taken to minimise them were understood by staff.

People had access to qualified nursing staff who monitored their general health, for example by testing people's blood pressure. Also, people had regular access to their GP to ensure their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the home. This included checking nurse's professional registration.

We observed staff that were welcoming and friendly. People and their relatives described staff that were friendly and compassionate. Staff delivered care and support calmly and confidently. People were encouraged to get involved in how their care was planned and delivered. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with.

The registered manager of the home, nurses and other senior managers were experienced and provided good leadership. They ensured that they followed their action plans to improve the quality of the home. This was reflected in the changes they had already made within the home.

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.

Medicines administered safely, but recording errors needed to be reduced.

People experienced a home that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures.

Risks were assessed and recorded. Incidents and accidents were recorded and monitored to reduce risk.

The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place over two days on 27 April and 3 May 2017 and was unannounced on the first day. The inspection team consisted of one inspector, a specialist advisor who was a trained nurse with a background of dementia care and complex care and an expert by experience. An expert by experience is a person who has personal experience of using similar homes or caring for older family members.

Prior to the inspection we reviewed the information we held about the home. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support homes which are paid for by the local authority.

Some people in the home could speak to us about their experiences. Other people living with dementia were not always able to verbally tell us how about their experiences. However, people communicated with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them.

We spoke with 12 people and six relatives to ask about their views and experiences of the home and six staff. This included the provider, the registered manager, a nurse, a nursing assistant, a senior health care assistant and the cook. We asked for views about the home from the local authority commissioning team and other health and social care professionals.

We looked at the provider's records. These included eight people's care and nursing records, which included care plans, health records, risk assessments and daily care records. We looked at ten staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. After the inspection, the registered manager sent us further evidence about nursing revalidation and the management of medicine's.

Good

Is the service safe?

Our findings

We observed that nurses and care staff delivered safe care. All of the people we spoke to felt safe in the home. People said, "I feel safe living here they help us." "I moved here because I wanted to feel safe, I didn't feel safe at home but I feel safe now." "Yes I feel safe but sometimes of a night time I get woken up with someone shouting 'help' so I ring the bell." Relatives commented. "Mum lived with us that is why it is so reassuring she is in such good hands." "I can come in at any time day or night. She is always safe and well looked after." And "It's lovely she is very safe."

At our inspection in May 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found errors in the medicines counts and gaps that could not be explained on the medicines administration records (MAR).

At this inspection there were improvements, the registered manager had sought advice from a pharmacist for the review of the management of medicines in the home. The provider had an up to date policy on the administration of medicines that followed published guidance and best practice. Medicines were stored safely and securely in temperature controlled rooms within lockable storage containers. Storage temperatures were kept within recommended ranges and these were recorded. Nurses described how they kept people safe when administering medicines. Audits were in place to review if medicines counts were correct. A new system started April 2017, where medicines ordered were documented on a separate chart, listing amount, dosage, date ordered, date received and signature of staff upon receipt. However, we found that nursing staff were not always signing the medicines administration records (MAR) after administering medicine's and that the medicines audits in place had not always been fully completed. For example, we found five gaps in the most recent MAR's and that there was an error in the count of paracetamol PRN 'as and when' medicines. We discussed these issues with the registered manager and lead nurse. They told us that the new system had not fully bedded in and that they had checked the gaps in the MAR's against the medicine's counts. They confirmed that the medicine's had been administered, but that the nurses had not signed the MAR's. They told us this would be addressed with the nursing staff concerned.

We have recommended that the registered manager seeks advice about effective audit systems that reduce the occurrences of recording errors during medicines administration.

The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring home (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were still protected from the risks and from potential abuse. Nurses and care staff were deployed with the right skills and in the right numbers to meet people care needs. Staff told us they had training in keeping people safe from the risks of harm and they knew the actions to take if they had any concerns about

people's safety. Staff were confident they could challenge any poor practice and report it appropriately. Staff had read and understood the provider's whistleblowing policy. Records showed the registered manager took steps to reduce risk and notified us when they referred concerns to the local safeguarding authority.

The registered manager assessed the risks to people's individual health and wellbeing. For example, they assessed people's nursing needs, mobility, nutrition and communication. Audits of medicines and specific risk to people from the care being delivered were in depth and frequent to ensure people's safety. Where risks were identified, people's care plans described the equipment needed and the actions care staff should take to minimise the risks. This kept people comfortable and safe. We found that people were protected by nurses and staff following people's assessed needs.

Staff understood how to report accidents and incidents nurses and the registered manager and theses were recorded, investigated and responded to reduce future incidents. The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends.

The registered manager assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the they had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Equipment, such as hoists, profiling beds and wheelchairs, were homed and staff regularly checked that items such as slings and walking frames were safe and fit for use.

Emergency policy and procedures continued to be understood by staff. Staff had training in fire safety and practised the routine. Evacuation response times were recorded and staff involved were debriefed to improve practice and understanding. Signage advised the 'fire plan' everyone and people's personal evacuation plans (PEEPs) were kept with the emergency pack.

Good

Is the service effective?

Our findings

People told us that staff met their care needs. One person said, "The staff are all well trained; they have to do NVQ." Another said, "They [staff] all know what they are doing." Other people reported that they could get up and go to bed when they liked. One person said, "I like to go to bed quite late usually about ten."

People were complimentary about the food. People said, "So far no problem, the food is quite nice, there's plenty of it." And, "They feed me alright, I had put on a bit of weight, but with the help of the chef I have lost 1 stone 2 lbs." Another person said, "The food is not always to my taste or choice, however if I ask for a different option staff will try to provide it."

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. The registered manager provided us with information about the support qualified nursing staff received from the provider to maintain their skills and NMC registration as part of the revalidation process.

No formal guidance or training has been offered to nurses to support them through the Nursing And Midwifery Council NMC revalidation process. The revalidation process requires nurses currently on the register to provide a clinical reference for their colleagues who need to complete the revalidation process. We discussed this with the registered manager and they told us that an administrator was leading on sourcing and tracking all nursing training needs relating to the re-validation process. They will also ensure that an external nurse advisor will be available to support nursing staff through the process when it is due. Maintaining nursing staff professional registrations, learning and skills ensured that people received effective and up to date nursing care.

Nurses and care staff informed us that they had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, First aid and moving and handling people. The first aid training had provided them with information on how to manage/support people who may be bleeding or choking. Care staff understood when to report concerns to nurses. This protected people's health and wellbeing. Staff told us that the registered manager was approachable and supportive, and that all staff wanted to do their best for the people at the home.

Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This gave staff the opportunity to develop their skills and keep up to date with people's needs through regular supervisions and appraisal meetings with managers.

All new staff were required to complete the Care Certificate during their probationary period, unless they had already obtained a nationally recognised qualification in health and social care. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people

with safe, effective, compassionate, high-quality care.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act. The registered manager completed assessments about people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. When required, the registered manager made applications to the local authority for authorisation to lawfully restrict people's rights under the deprivation of liberty safeguards. Restrictions were used to protect people from harm, but were regularly reviewed to ensure they remained lawful.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. There was a range of views about the food, but people were mainly complimentary about the food and told us there were always choices of meals. Where people wanted different choices the registered manager had met with them to agree how this would be met. Nutrition assessment tools were completed every month for each person and actions were taken to support people to stay healthy if they were considered to be at risk. The care plans were very detailed to support people's wellbeing and enable staff to record progress. For example, how often people needed to be weighed or how much they needed to eat and drink based on individual risk.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, opticians and chiropodists, when needed. There was a weekly GP clinic in the home so that people could discuss medical concerns. Nursing staff consistently monitored and protected people's health. Records showed that healthcare professionals' advice had been followed and whether their advice had the intended impact.

Staff handover meetings were led by nursing staff or senior carers. Staff shared verbal information about people's appetites, behaviours, appointments with healthcare professionals and the advice the professionals gave, to make sure all staff were aware of any concerns and the actions they should take.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. People said, "I like it here the people are friendly and very kind and I have no regrets." "They know what I like and what I don't like." "I find it very homely."

Relatives said, "Staff appear to know the residents very well". Other relative's said, "Mum speaks French and the carers have put themselves out to learn some French." And "I am 100% pleased with all aspects of Mum's care." "I think it's a lovely place." And, "When she first came she wasn't very happy and didn't want to carry on living but now she wants to live until she's a hundred."

We observed friendly and compassionate care in the home. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. We noted the enthusiasm of the activity co-ordinator and the encouragement and welcoming of relative's involvement in the running of the home.

Staff operated a key worker and named nurse system. This enabled people to build relationships and trust with familiar staff. People and their relatives knew the names of staff and the registered manager.

Staff built good relationships with the people they cared for. Staff promoted a non-discriminatory atmosphere and a belief that all people were valued. This resulted in people feeling comfortable, relaxed and 'at home'. We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way. We saw staff listening to people, answering questions and taking an interest in what people were saying. We observed staff talking people through the care they were providing and confirming with people if it was okay. When speaking to people staff got down to eye level with the person and used proximity and non-verbal gestures (good eye contact, smiles and nods). People responded well to the quality of their engagement with staff. People could choose to stay in their rooms, chat to others in the main lounge and dining room or use the separate lounge to sit quietly and read or meet friends and relatives. This promoted a relaxed and homely atmosphere for people to enjoy.

Care plans described people's communication needs on a day to day basis. The care plans included a good level of information so that it would be clear to staff reading them how best to communicate with the people they were caring for. Reference was made to hearing / visual aids people had and the support they needed to use these.

People's rights were protected. People told us that staff respected their privacy. Records showed that independent advocacy support was provided for people who lacked the capacity to make certain decisions. Staff we spoke with described the steps they took to preserve people's privacy and dignity in the home. People were able to state whether they preferred to be cared for by male or female staff and this was recorded in their care plans and respected by staff. People were able to personalise their rooms as they wished.

People's rights to consent to their care was respected by staff. People had choices in relation to their care.

Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. People said, "I like to keep my independence I dress myself and do as much as I can for myself," And, "If I need help with washing they [staff] help but I like to keep independent." People or their representative had signed to agree their consent to the care being provided whenever possible. Staff confirmed they sought people's consent before they provided care for people. This meant that staff understood how to maintain people's individuality and respect choice.

Information about people was kept securely in the office and in locked cabinets with access restricted to senior staff. When staff completed paperwork they kept this confidential..

Good

Is the service responsive?

Our findings

We observed that nurses and care staff consistently delivered responsive care. People told us the registered manager and staff were very responsive to their needs. People said, "My care plan is updated all the time." A relative commented, "The manager calls me and my sister annually to update the care plan."

There was a well-kept garden which was easily accessible to people with mobility problems. One person said, "I like the garden in the summer I spend time out there."

Relatives told us they are contacted straight away if there is any problem with their relative. Comments were, "The home always rings if there is any deterioration or cause for concern." And, "Mum had an infection in the middle of the night and the home rang and left a message to say the out of hours GP had been contacted and that Mum had been prescribed antibiotics."

We saw records of referrals to GPs and of staff seeking advice from other external professionals when required. Staff kept good records of when they liaised with healthcare professions to make sure people received prompt care and treatment to meet their physical and mental health needs.

People's needs had been fully assessed and care plans had been developed. Before people moved into the home an assessment of their needs had been completed to confirm that the nursing or residential home was suited to the person's needs. Each person had their health and care needs assessed. Risk identified in each area had an associated care plan which listed interventions to be implemented to address the risks.

People's health and wellbeing was consistently protected by in depth care planning. The care plans were well written. They focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. People with long term conditions had appropriate care plans. For example, the care plan for one person included information for staff on how to monitor and treat her diabetes, including blood glucose monitoring and symptoms of any concerns related to her condition. We reviewed how wound care was managed in the home. Registered nurses had received training in skin integrity. They also had support from community nurses via GPs when requested.

People received care from staff who knew their needs, their individual likes and dislikes and their life stories, interests and preferences. Knowing about people's histories, hobbies and former life before they needed care could assist staff to help people to live fulfilled lives, especially if they were living with memory loss, dementia or chronic illness. People's individuality was considered in their as care plans documented people's abilities and areas where support would be required. For example, a person could wash independently, but needed support from a staff member to dry afterwards.

People maintained their health and wellbeing through planned hydration, nutrition and nursing care responses. Dependency assessments had an emphasis on weight and body mass indicators. Nurses had implemented weight management plans when needed. This assisted people maintain healthy weights. Anticoagulant medication was administered as advised by the anticoagulant clinic, to ensure consistent

health management. Skin integrity assessment and tissue viability care plans were in place, and care was observed to be provided as planned. For example, leg dressings were seen to be changed using the specific dressings advised. After people had been unwell, the progress to recovery was monitored by nursing staff and if necessary further advice had been sought from their GP. This ensured that people's health was protected.

Changes in people's needs had been responded to appropriately and actioned to keep people safer. Care plans and risks assessments evidenced monthly reviews. Referrals had been made when people had been assessed for specific equipment, which was in place. For example, people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. Care plans gave guidance to staff and ensured continuity of care.

Resources were made available to facilitate a range of activities. This promoted an enhanced sense of wellbeing, with staff responding to people's social needs. There was a range of activities available for people from arts and crafts, social evenings and themed coffee mornings. A number of people spent the day in the lounge where activities took place. The activity organiser arrange bingo in the morning and in the afternoon people played a video game of 'Who wants to be a millionaire'. One relative commented, "There has been a bit of a lull in entertainment because of staff long term sickness". However, people reported that new activities were planned.

Some people preferred to stay in their room. One resident said, "I read, I've got the television, I do crosswords and knit." The home had recently started a knitting circle which was proving very popular one relative said "Mum has taken up knitting again and knitted a scarf and joined the knitting circle." and one person said, "I join in with the knitting club from my room."

Several people who normally stayed in their rooms said they joined in if there was something special like the Easter Egg Hunt or Christmas activities and one said, "There is one opera singer who is fantastic so I always make an effort to join in when she is here." The activities leader also went round to residents who preferred to stay in their rooms. One person commented, "I played snakes and ladders the other day, it was great fun."

People were able to openly raise concerns or make suggestions about changes they would like. There was a policy about dealing with complaints that the staff and the registered manager followed. Information about how to make complaints was displayed in the home for people to see. There had been no recent formal complaints. However, people said, "If there is an issue with something I try to deal with it myself, but I would have no problem talking to the manager." A relative said, "I've never had to make a complaint, but if I did I feel the manager is very approachable and would listen and take it on board.

Good

Is the service well-led?

Our findings

People said, "It was good before but there has been a vast improvement", and "It's changed a lot probably for the better." [Since the home had changed hands.] Other people described the quality of the home by saying, "It is run in a professional way, caringly, you know they are listening and I feel very safe." "I am very happy with my room and all the facilities we have."

Relatives said, "I have a good relationship with the home manager and staff at the home, and I am reassured that Mum is being taken care of properly." The relative confirmed that staff kept him updated as to any changes with his mother's care, and that the home manager invited him to care reviews. Other relatives said of the home, "Very, very, very good, staff are friendly, you are welcome any time." "Overall we are very pleased, mum has settled and she's happy here and thriving."

The registered manager and provider proactively sought people's views and took action to improve their experience's. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the home. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. People spoke about getting a questionnaire about the food and one person said, "The chef came to see me to respond to my comments," another person said, "We have had questionnaires but not recently." People were encouraged to share their opinions of the home. The provider made sure people knew they listened to people's views. They shared the results of the surveys and the actions they had taken in response to the questionnaires and comment cards through a regular newsletter that was freely available to people.

The registered manager had consistently met their legal responsibilities. They sent us (CQC) notifications about important events at the home and their provider information return (PIR) explained how they checked they delivered a quality home and the improvements they planned.
The provider's policies and procedures relating to safety were implemented consistently and effectively. The registered manager's approach to risk management and their response to issues was effective. General risk assessments affecting everybody in the home were recorded and monitored by the registered manager. Home quality audits were planned in advance and recorded. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any immediate risk such as trip hazards or blocked exits. The audits covered every aspect of the home.

Staff told us they felt supported by their registered manager. There were various meetings arranged for nursing and care staff. These included daily shift hand over meetings and team meetings. These meeting were recorded and shared. Staff said, "The nurses and the registered manager are very approachable and will give support when needed." Information about how staff could blow the whistle was displayed and understood by staff. Staff told about their responsibilities to share concerns with outside agencies when necessary. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them. This meant that staff were fully involved in how the home was run.

There were a range of policies and procedures governing how the home needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the home.

The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. One relative commented, 'My mother has been a resident at Heatherdale for a number of years. I have been particularly impressed with the changes which have been made since the home changed ownership in late 2015. In particular the provision of new beds for residents, an overall improvement in the décor of the home and significant upgrades in security, including the instillation of a CCTV system.'
Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.