

Sanctuary Care Property (1) Limited

Heathlands Residential

Care Home

Inspection report

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10 June 2016

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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

Heathlands Care Home is registered to provide accommodation for up to 63 older people who need support with personal care. On the day of our inspection there were 58 people living at the home.

The inspection took place on the 9 and 10 June 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said there was sufficient staff available to support people living at the home safely. They told us staff were caring and promoted people's independence as much as possible. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. Relatives told us an assessment of people's needs before and when they arrived at the service supported staff to know their family member well and provide the care they needed. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. We saw the registered manager acknowledged when things had not gone well and put actions in place for improvements.

Staff we spoke with knew how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them.

The management team had assessed people's ability to make specific decisions about their daily life when they needed to. They had put in place support for people to ensure decisions were made in a person's best interest within the legal framework. Staff we spoke with understood how to work with people to ensure they made their own decisions where possible.

People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. People and their relatives thought the service was well

managed. The provider and registered manager had systems in place to monitor how the service was provided, to continuously improve the quality of care.

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

People were supported by staff who understood how to provide and meet their individual care needs safely. People said there were sufficient staff to keep them safe. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

Some people needed support with decisions, staff ensured people's best interests were protected in a lawful way. People's needs were met by well trained staff. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved in all aspects of how their care was provided. People living at the home and their relatives said the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships and be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported, and action taken when improvements were needed.

Is the service well-led?

Good ●

The service was well-led

People and their families said they were able to approach the registered manager and the management team at any time. People benefited from a management team that regularly monitored the quality of care provided and sought to continuously improve the quality of care.

Heathlands Residential Care 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 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 June 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist adviser. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser was a specialist in dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people who lived at the home, and three relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, deputy manager and 14 staff. We also spoke with the area manager and a community district nurse who provided regular support for most of the people living at the home. We also spoke with a chiropodist who regularly supported people living at the home.

We looked at six records about people's care. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and the area manager completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe because there was always support when they needed it. One person said about staff, "It's wonderful, you just press the bell and they appear. They're always cheerful, always kind." Another person told us, "They're very good at answering the bells, even at night. I often have a cup of tea made for me, in the middle of the night."

Relatives said their family members were safe whilst living at the home. One relative explained they visited regularly at different times of the day and at the weekend, they said staff were always good, "The same sort of care, day and night."

We spoke with staff about what actions they took to ensure people were protected from abuse. They were aware that incidents of potential abuse or neglect should be reported to the local authority. They said they would report any concerns to the registered manager and take further action if needed. The registered manager knew their responsibilities to report concerns to the correct authority in a timely way. Staff explained how they knew people well and would be aware if a person was distressed or worried about anything. One member of staff said about people living at the home, "We always take time to be aware of how they are feeling, and check out if they are worried about anything." There were procedures in place to support staff to appropriately report any concerns about people's safeguarding.

Staff explained how handover meetings supported them to keep people safe. They were kept up to date with any current concerns about each person's health and wellbeing. During handover they raised any issues or concerns which may have led to a review of a person's risk assessments or care planning. Staff told us immediate concerns would be discussed and they would take action straight away. People had their needs assessed and risks identified. We saw that people were supported to be as independent as possible whilst making their own choices. For example, we saw that one person was supported with specialist equipment to enable them to mobilise safely. Staff were aware of the support they needed to provide, and we saw this was clear in the person's care planning. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed.

People we spoke with said there were enough staff on duty to keep them safe. One person told us, "There is no waiting for staff, they come straight away." Relatives said there was enough staff on duty to meet their relative's needs in a timely way. We saw during our visit that there were sufficient staff to meet people's needs. Call bells were answered in a timely way, and we saw additional support was available during busy times with auxiliary staff. For example, we saw the activities co-ordinator supporting people with their meal time experience.

We spoke with the registered manager and the area manager. They explained they had some staff vacancies, and were continually recruiting to ensure staffing levels were where they needed to be to support people living at the home. They told us they did not use agency staff to cover vacancies, these were covered by members of the existing staff team. Two staff we spoke with said there was not always enough staff on duty at weekends because of the staff vacancies. Other staff we spoke with said there were enough staff on

duty most of the time and they all worked together as a team if there were any unexpected staff shortages.

The management team used a dependency tool to ensure enough staff were on duty to meet people's needs. We saw this tool was reviewed regularly to ensure they had up to date knowledge about people's needs. The registered manager completed a night visit once a month to monitor how people's needs were met. The registered manager and the deputy would regularly support staff at the weekend to monitor care provision.

Staff we spoke with said they were well supported when they started working at the home to ensure they were able to support people safely. They had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. They completed an induction which supported them to have the skills to meet people's needs. They were assessed by the management team to ensure they had these skills and ability. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, ""They bring my pills, they don't leave them with you". Another person told us they had their medicines when they needed them. Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. We saw staff were patient and kind with people, ensuring they had time to take their medicines without being rushed. Staff were trained and assessed to be able to administer medicines. They were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place.

We looked at how staff were supported to administer medicines that were prescribed as 'when required'. One person explained that if they had a headache, staff would give them pain relief. We saw there was clear guidance for staff which included supporting information. For example, for one person we saw staff were advised of how to recognise if this person had a headache. Staff we spoke with were aware of what signs to be aware of.

Is the service effective?

Our findings

People we spoke with said staff knew how to meet their needs. One person said, "They (staff) know what they are doing." Another person told us they thought staff were well trained and professional and always managed difficult situations well. Relatives we spoke with said staff knew how to care for their family members.

Staff we spoke with said their training needs were monitored and they were provided with refresher training when it was needed. They also told us they were supported to complete vocational training which validated their knowledge and skills. Staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. For example, one member of staff explained that they were passionate about supporting people with their end of life care. They went on to say how they had requested additional training and this had been provided. They explained how this had improved their practice and they had shared with other staff members.

The registered manager said it was really important that all staff attended training. For example, abuse awareness, because this increased knowledge for all staff to know what to look out for. We saw that domestic staff were attending an abuse awareness training course with other care staff, on the day of our inspection. Staff we spoke with said the registered manager always ensured their mandatory training was up to date. This was to ensure they had the skills to effectively support people who lived at the home. Staff told us they were supported with training in several ways, class room learning, e learning and practical instruction. Staff said they could access their e learning whilst on shift or come in on their days off and receive payment for the time spent keeping their skills updated. Staff told us their working practices were assessed to ensure people's safety and to make sure people were provided with effective care. For example, how staff safely supported people with mobilising and the administration of medicines. All staff we spoke with said they had received training about the Mental Capacity Act 2005 (MCA).

The 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.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the Act. They had a good understanding and were aware of their responsibility to ensure they complied with the Act. We saw assessments were completed where needed and family and health care professionals were involved with this assessment and decisions made where appropriate. The registered manager explained when additional support was needed for people with more complex needs they sought this through the community mental health teams as required.

Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and supported people living at the home to make decisions for themselves about how they were supported. For example, we saw people were offered the choice of where they wanted

to eat their meals. They could choose to eat in their own rooms or in communal areas. Staff explained that some people made different choices dependent on how they felt on the day. All staff we spoke with had an understanding of the MCA, and how that translated to their work practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Staff told us they discussed this regularly with the management team to ensure they understood the process. The management team had submitted DoLS applications when needed, and had a system in place to keep them under review. They understood the process and accessed support when needed through the community mental health teams.

People we spoke with said they had choice about what they ate and drank at the home. One person told us about the food, "I think it's very good. You do have a choice if you don't like what's on the menu." Another person said, "The foods ok, you can have something different if you want." Relatives we spoke with told us the food always looked good. One relative said they were welcome to share a meal with their family member if they wanted to. We saw that people who needed extra support with choosing their meals were shown the different meals so they could recognise what the food looked like and make an informed choice. When extra support was needed staff did this in a discreet way, promoting people's independence as much as possible. We saw people were offered drinks regularly, and people had access to drinks when they wanted them. One person told us staff would make them a cup of tea whenever they asked, including during the night when they wanted one.

Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support and how to provide. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them. We spoke with the chef and they explained how they sought people's views about their menu choices. They explained they regularly spoke with people and would accommodate their choices where possible. One person told us they liked a particular type of bread and this had been provided for them.

People told us they had access to their GP when they needed to. People also said they had access to their dentist, and there was an optician who visited them at the home when needed. We saw people were assisted to keep their medical appointments with the support of staff. Relatives we spoke with said their family members received support with their health and wellbeing. One relative told us, "We have no concerns, [family member] is having their medication, the dentist's just been, and they regularly see the chiropodist. They [staff] are quick to call the doctor or the paramedic when they need to and they contact us straightaway." Staff we spoke with explained how important it was to monitor the health of each person to ensure their health and well-being.

We spoke with a chiropodist who regularly visited people living at the home. They told us that staff made appropriate referrals to them, and always followed their guidance and recorded actions needed within care plans so all staff were aware. They said they enjoyed their visits and staff were always very friendly and appreciated their support. We also spoke with a district nurse who regularly visited people living at the home. They said that staff were supportive and would always follow their advice for people.

Is the service caring?

Our findings

People we spoke with said staff were caring and kind. One person said about staff, "Excellent, they're lovely, always cheerful and kind. I can't fault them." Another person told us staff were, "Very good, they'll do whatever they can." A further person said, "They [staff] are very good, it doesn't matter what you ask them." We saw caring conversations between staff and people living at the home.

Relatives told us their family members were well supported by staff. One relative said, "The care is excellent, [family member] is being very well looked after, with care and gentleness." Another relative explained how they had been involved right from the beginning when their family member was in hospital. They told us they were involved in discussions with the home both at the hospital and when their family member arrived at the home. They said the care their relative received was always excellent. Relatives told us they were welcome to visit at any time. Another relative said they were always welcomed when they arrived. They went on to say how staff were waiting for them with tea and sandwiches when they returned from hospital in the early hours one morning. A further relative described how the receptionist always remembered their name and would let them know how their family member was on their arrival. They said this was reassuring.

Staff spent time with people in a kind and friendly manner, sharing a laugh and a joke with people. For example, we saw one member of staff encouraging one person to have a drink, they spent time explaining the benefits of drinking more and the person was encouraged to have a drink of their choice. We saw the person had enjoyed the exchange and was smiling and laughing throughout. We saw many examples of staff reassuring people by talking with them and reaching out to them. Staff took the time to suggest resolutions to improve some people's anxiety. Staff we spoke with knew people well, they were able to speak to people about things that interested them and knew people's histories well.

People we spoke with said they had choice in how they were supported. They said staff knew them well. One person told us, "They know I love a bath and I have one regularly." Another person said, "I can get up and go to bed when I like, I just call and they will come and help me". We heard staff calling people by the name they preferred. People told us they were supported with their choices in how they looked. One relative told us how staff knew their family member had always taken pride with their appearance. They said staff always took the time to encourage their family member to attend the hairdresser when needed. Another relative explained how staff were aware of how important their family member's faith was to them. They went on to say how staff had supported their family member to practice their faith.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example we saw staff showed one person the menu with the choices available, where as another person they showed plated up meals to support them with the decision about what they wanted to eat.

People and their relatives told us they were treated with dignity and respect. We saw staff consistently knocked people's doors before entering their rooms and waiting for a response. We also saw staff speaking with people at eye level so they were not standing over them during the exchange. One relative said they

had not seen any, "Patronising" behaviour by staff towards any people living at the home. Staff said maintaining people's dignity was very important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible.

We saw people's rooms were personalised and people had a choice of different communal rooms to spend time in. We saw there were many artefacts and decoration which supported people living with dementia. We saw there were memory boxes outside people's rooms which they were able to personalise as they wished. This supported people to identify their rooms easily. There was clear signage for people to identify designated areas to support their orientation at the home.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care planning. One person said, "I say what I need." Another person said, "When I first came in here, they asked me a lot of questions." A further person told us they did not need a lot of support, they had help when they needed it. Relatives said they were included in their family members care. Staff told us they recorded as much information as possible about each person living at the home, their interests, history and preferences. People and their relatives told us a full assessment was completed before they arrived at the home to ensure their needs could be met. Staff told us that from admission they ask about everything, and start to build a picture. They said the information was continually added so they knew as much as possible about the person and their history.

Staff we spoke with said people's care plans were regularly updated. We looked at six people's care plans and saw that they were regularly reviewed and held up to date information. Staff said regular reviews were held for people to ensure people were happy with the support they received. The registered manager said they were implementing the 'Resident of the day' which meant that every resident had one day a month where they were the focus for the day. This was in the process of being embedded to ensure people were involved with the process. The registered manager said they would involve people and their family to look at all the aspects of how people were supported.

One relative explained how staff supported their family member with regular exercises. They said these had continued over a long period of time and they felt they were a real benefit to their family member.

People we spoke with said they chose whether they wanted to engage in organised social activities or not. Some people told us they enjoyed sitting and chatting with other people living at the home. One person explained how much they enjoyed the regular visits from 'Pet therapy' because they loved spending time with the dog who visited. We saw people enjoying spending time with the 'Pet therapy' dog during our visit. People told us reminiscence sessions were run by volunteers and they enjoyed attending them. One relative told us about a knitting club they were running most weeks at the home. We saw people were enjoying being involved in a pastime's they were interested in.

One person we spoke with told us about the new activity co-ordinator. They said the co-ordinator took time to ask them what they liked to do. The registered manager said that they spoke with people living at the home and listened to suggestions about what they liked to do. For example there were regular sessions available where people could attend with their relatives for an informal get together with 'nibbles' available. One person told us they enjoyed these regular events.

People said they would speak to staff about any concerns, and they felt they would listen to them. One person said, "Everything is great, I have nothing to complain about." Relatives told us they were happy to speak with staff or the management team if they needed to. One relative explained they had no wish to change anything but would raise any issues with staff if they had any. We saw there were complaints procedures available in accessible formats for people and their relatives. We looked at how complaints were investigated and what actions were taken from the outcome of the complaints. We found that the registered

manager acknowledged when things had not gone well and took action to make improvements in a timely way. We saw she used the learning from complaints to improve the quality of care for people living at the home.

The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. We saw that the results from last year were positive overall with 94% of people happy overall with the care they received at the home. The registered manager explained how she took action when improvements were needed as a result of anything raised through the questionnaires. People told us there were regular meetings for people and their families. One person said they regularly attended the meetings and described them as 'worthwhile.' They described the meetings as a chance to, "Voice my opinions." The registered manager explained that these meetings were held regularly and agreed actions were followed through. For example, we saw from the meeting minutes that requests for a menu change had been actioned.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking with them. One person said, "I think the home is well run, before I came here, my family took me round other homes and asked where I'd like to stay." Another person told us coming to live at the home was, "The best day's work I ever did, I think I'm very lucky." Relatives told us they were confident with the registered manager and staff at the home. One relative said, "It's smashing here, they have a good understanding of dementia."

The registered manager had a good knowledge about all of the people living at the home. They knew about each person's individual needs. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. The registered manager explained staff rotated through different shift patterns to give them a good awareness of people's needs during different times of the day. Staff told us this also supported their understanding of their colleague's roles which improved effective working as a team.

Staff told us there were different members of staff that were allocated as champions. For example there was a dignity champion and an infection control champion. The registered manager explained that this gave a member of staff a responsibility for different aspects of how care was provided. The staff member would then ensure this specialism was incorporated through-out the home and guide the rest of the staff team to improve the quality of care provided.

The registered manager told us the culture of the home was that everyone at the home was listened to and received the support they wanted. They explained that they were bedding in the resident of the day procedure to involve relatives and people living at the home. They said they wanted the person to feel special. Their idea was for the Chef to meet with the person and review what food they liked and to ensure they had their favourite food on that day. In addition staff would meet with the person and their family to review how the person was supported at the home.

Staff told us, the registered manager and the deputy manager, were available when they needed to speak to them. Staff also told us they would raise any concerns with the registered manager or the deputy manager. One staff member said, "(The deputy manager) is one of us, she always listens and will sort anything." Another member of staff said, "I love working here, I am always happy coming to work."

Staff told us there were regular meetings where information was shared about what was happening at the home. This ensured all staff received the information they needed and were given an opportunity to voice their opinions. Staff also told us they had staff representatives who would attend other meetings, and they could speak with them about ideas and concerns they may want to be raised. Staff we spoke with said they felt these meetings were useful and they felt supported. One member of staff said, "The lead carers are great, you can really talk to them." They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the management team. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. One member of staff told us, "I left and came back, because it's so good here." Another member of staff said, "I love working here, it is such a lovely place to work."

The registered manager and the management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The registered manager monitored the accidents and incidents and looked at any trends or areas for improvement. The management team had a sensor system that could be put in place for people to reduce the risk of falls. We saw for one person who had a fall, the GP was requested and support from a community physiotherapist arranged.

The area manager regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at how people's identified risks were managed, and the management of medicines. We saw the regional manager looked at an overview of all aspects of care provision, what was going well and what need improving. The areas identified for improvement had been actioned, and were subject to regular reviews. There were action plans in place, for example, training across all areas was regularly monitored to ensure staff had up to date skills.