Heartlands Care Limited

Heartlands Care Limited t/a Lanrick House

Inspection report

11 Wolseley Road
Rugeley
Staffordshire
WS15 2QJ

Tel: 01889577505

Date of inspection visit:
25 April 2017

Date of publication:
14 June 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 April 2017 and was unannounced. At the last inspection, the service was meeting the legal requirements and was rated as good.

Heartlands Care Lanrick House provides accommodation and or personal care for up to 32 people, some of whom may be living with dementia. On the day of our inspection 20 people were living at the home.

There was a registered manager at the service but they had recently resigned from their post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had recently started working at the service, who told us they would be starting the process of registering with us. We were also assisted by the regional manager who was working at the service on the day of our inspection.

We have made a recommendation that the provider considers ways to improve their quality assurance systems to support the drive for continuous improvement.

People felt safe living at the home and their relatives were confident they were well cared for. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People received their medicines when they needed them. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff received training and ongoing support to ensure they had the skills and knowledge to meet people's needs.

People were supported to make their own decisions and where they needed help, decisions were made in their best interest and involved people who were important to them. Where people were restricted of their liberty in their best interests, for example to keep them safe, the provider had applied for the appropriate approval. Any conditions detailed in the associated approvals were documented and understood by staff.

Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People had sufficient amounts to eat and drink and were able to access the support of other health professionals to maintain their day to day health needs. People were offered opportunities to join in social activities and were encouraged to follow their hobbies and interests. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes.

People and their relatives felt able to raise any concerns or complaints and were asked for their views on the quality of the service. Staff felt supported by their colleagues and the management team.

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.

Risk to people's safety and wellbeing were assessed and managed and staff understood their responsibilities to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. Staff received the training and support they needed to care for people. People received sufficient amounts to eat and drink and had their health needs met.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who were kept informed of any changes.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant and relatives were invited to attend reviews. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were consistently effective in identifying shortfalls and driving improvement. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. Staff felt supported by their colleagues and the management team.

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

This inspection visit took place on 25 April 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We also spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. Prior to the inspection, the provider had 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 used this information to plan our inspection.

We spoke with eight people who lived at the home, two relatives, four care staff, the activities co-ordinator, the acting manager and the regional manager. Some of the people living at the home were unable to tell us in detail about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. We observed how staff interacted with people, and the support they provided in the lounges and dining areas.

We reviewed the care plans of four people and looked at other records relating to the management of the service, including staff recruitment and quality checks.

Good

Is the service safe?

Our findings

People felt safe and well cared for. Comments included, "I feel safe", and "I've got a good life here", and "I love this place". Relatives we spoke with told us they had no concerns about their family member and felt they were happy and well cared for. One relative said, "We all visit and are happy with the care here, it's a good home". Another relative said, "I would like to move here myself". Staff understood their responsibilities to protect people from the risk of abuse and were clear on how to report any concerns. One member of staff said, "I'd go straight to the manager or contact the regional manager ". Staff were confident any concern would be dealt with by the registered manager and there were also details of the safeguarding team in the office for staff to refer to if they needed to act alone. Staff were aware of the provider's whistleblowing procedure and told us they wouldn't hesitate to use it if they needed to. Whistleblowing is a system that enables staff to raise concerns about poor practice. Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

Risks to people's health and wellbeing had been identified and risk management plans were in place to guide staff on the actions to take to minimise the risks. Discussions with staff showed they understood people's needs and we saw staff followed the guidance. For example where people needed support to mobilise safely or to move regularly to prevent pressure damage to their skin. One relative told us, "There have never been any problems with [Name of person's] skin integrity, it's quite an achievement". Personal evacuation plans were also in place, setting out the support and level of assistance people needed to leave the building in the event of an emergency, such as a fire.

People and their relatives felt there were enough staff to meet their needs. One person said, "I can press my buzzer and the response is efficient, although I may have to wait a couple of minutes if they are busy". We saw that there were sufficient staff on duty to meet people's needs; call bells were answered promptly and staff were available when people needed support. Staff told us there were sufficient staff to meet people's individual needs, for example when people needed the support of two staff to mobilise safely. One said, "It would be nice to have another member of staff so that people wouldn't have to wait if we are busy, but at the moment we have enough". We saw that staffing levels were calculated using a dependency tool, which took into account people's individual needs. Staff told us staffing levels were varied when people's needs changed. One member of staff told us, "An additional member of staff was on duty when a person needed one to one support". This showed the provider kept staffing levels under review to ensure there were sufficient staff to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People's medicines were managed safely. Staff administering medicines were trained to do so and had their competence checked to ensure people received their medicines when they needed them and in their preferred way. We saw that the member of staff administering medicines spent time with people and checked to ensure each person had taken their medicine before leaving them. We saw that medicines, including topical creams and lotions, were stored securely and disposed of in accordance with legislation.

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection, improvements were needed to ensure that staff consistently followed the MCA when supporting people who lacked the capacity to make certain decisions about their care. At this inspection, we saw that people's capacity to make decisions was considered in all areas of their care.

Where people lacked the capacity to make certain decisions, for example, to consent to their care; capacity assessments had been completed and a best interest decision had been made involving those people who were important to them. Staff had received training in the MCA and we heard staff seeking people's consent before supporting them. For example, we heard a member of staff asking a person if it was okay to turn their light on in their bedroom. We also observed staff checked a person was happy for them to proceed when supporting them to move using equipment. This showed us the provider was acting in accordance with the MCA.

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 under the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager made applications for people who were being restricted of their liberty in their best interests. Our records showed that any approvals were notified to us as required. When there were conditions on the DoLS these were incorporated into people's care plans and staff understood their responsibilities to follow them. For example, one member of staff explained how they supported a person to maintain contact with their family who lived abroad using the internet. This showed the staff understood their responsibilities under the legislation.

People received care from staff who had the skills and knowledge to meet their needs effectively. People and their relatives told us the staff understood their needs and were happy with the care provided. One person said, "The staff know me and my needs well". A relative said, "[Name of person] receives excellent care here". Staff told us they were provided with a range of training to meet people's needs and there was an induction programme in place for new staff. We saw this included completing the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care. We saw from training records that staff had received training that was relevant to the needs of people living in the home. The registered manager monitored training to ensure staff skills and knowledge were kept up to date. Staff told us their competence was checked in areas such as safe moving and handling and they met with the registered manager on a one to one basis to discuss their performance and agree any training needs. One member of staff told us, "We get the time to talk and the manager listens to me. We talk about training I'd like and other things, such as the rota and holidays that need covering". These arrangements ensured staff felt supported in their role.

People told us they had sufficient amounts to eat and drink and enjoyed their meals. One person said, "I get plenty to eat and can ask the staff if I want a cuppa any time". A relative told us, "I've seen the food, it looks beautiful". At lunchtime, we saw there was a menu displayed on each table which offered a choice of meal. On the day of our inspection, people were offered a light lunch before being served a buffet which was a delayed Easter celebration. There was a relaxed, sociable atmosphere and whilst we saw that most people could eat independently, support and encouragement was available if people needed this. People's nutritional needs were assessed and where risks were identified, people were referred to specialists such as the speech and language therapist and dietician. We saw that one person's care records stated they should be served a pureed meal because they were at risk of choking. We saw that this information had been provided to the kitchen and that the person was served the correct meal. This showed us staff followed the advice given to ensure people's nutritional needs were met.

People accessed the support of other healthcare professionals when they needed to. One person said, "They get the GP when needed. The optician visits here and the chiropodist comes monthly". A relative told us the staff knew people well and were proactive in ensuring people's health needs were met, "Staff get the GP in even if [Name of person] seems a little more sleepy than usual". We saw that visits from professionals were recorded and people's care plans were updated when specific advice was received, for example changes to people's medicines. This showed people were being supported to maintain their day to day health needs.

Good

Is the service caring?

Our findings

People told us they liked the staff and were happy living at the home. Comments included, "Staff are kind and good and give me help when I need it" and, "I'm alright here, the staff are good". We saw staff members greeted people when they came into a room and people responded positively and chatted easily with staff. Staff showed concern for people's wellbeing and responded to their needs quickly by offering people reassurance and support. For example, staff checked people were warm enough and brought blankets to cover them with if needed. Staff knew people well and chatted with them about things that were important to them, such as their families and the places they used to live.

We saw that people's dignity was promoted when staff offered care. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. Staff respected people's privacy by knocking on their bedroom doors and waiting to be asked in. People were able to have a key to their bedroom door if they wished, to ensure their belongings were kept securely. One person told us, "I keep my bedroom door locked".

People told us they were able to make decisions about their daily routine. One person told us, "I can get up and go to bed when I want". We saw that people could choose to stay in their rooms if they wished and chose where they sat to eat their meals. People told us the staff respected their wishes. One person told us, "We're all individuals. I usually get up later in the day and go downstairs and can join in if I want". Staff encouraged people to be as independent as possible and move freely around the home. One person told us, "I can manage the lift by myself no problem". We saw staff walking behind people, encouraging them to walk with their frame to maintain their independence.

People were encouraged to maintain important relationships. One person told us, "My daughter visits and sometimes takes me out to the garden centre. She can visit whenever she wants". We saw staff welcomed people's relatives and encouraged them to join in social events at the home. One relative told us, "Communication is good; we received a postal invitation to today's buffet". Relatives we spoke with told us they were kept informed about changes in their relation's care and treatment. One told us, "Staff telephone me often even though myself and other family members visit several times a week".

Good

Is the service responsive?

Our findings

People who could tell us their views were happy with the care and support they received and that it met their individual needs. One person told us, "My community nurse visits me regularly and I've seen the physiotherapist, who has given me some exercises. Overall this place is good, in fact it's excellent". We saw that people's individual preferences were taken into account, for example, some people's rooms were personalised and furnished in their preferred way. One person said, "I changed my room around yesterday and now have more room". Another person told us the location of their room was good because it was close to the small, quiet lounge, "I like to use this lounge as it is next to my room with toilet facilities, which is important to me". Relatives we spoke with told us how the staff ensured their family member's individual preferences were met. One said, "[Name of person] has a lot of care in bed but staff bring them down to the lounge most afternoons; they are very good". Our observations and discussions with staff demonstrated that they understood people's needs and preferences and each person had a detailed care plan which recorded this information. People's care was reviewed and relatives were invited to attend to support their family member. We saw that staff kept daily records of the care people received and any concerns were shared during the shift handover. This ensured staff coming onto shift had the relevant information they needed to support people appropriately.

People were offered opportunities to join in social activities to promote their wellbeing and avoid social isolation. Photographs of people enjoying themed events such as a valentines dinner and red nose day were displayed in the hallway and on the afternoon of our inspection, a singer entertained people in one of the communal lounges. People, their relatives and staff joined in the singing and dancing and enjoyed a buffet afterwards. People told us they were able to follow their hobbies and interests. One person told us, "I enjoy reading books and colouring, doing crosswords". Staff chatted with the person and offered suggestions on solutions to the crossword they were completing. We saw the activities co-ordinator supported people in groups and on an individual basis, with jigsaws and arts and crafts. One person told us, "I join in the activities, I like quizzes". There was a weekly programme of activities which included arts and crafts, pampering sessions, armchair aerobics and quizzes. The home had links with the local community, which included the neighbouring school and church. People were offered Holy Communion if they chose and the regional manager told us other faiths were provided for when requested, which showed people were supported to follow their religious and spiritual beliefs.

People and their relatives were aware of the complaints procedure at the home and told us they would speak to a member of staff or the registered manager if they had any concerns. One person told us they had raised a complaint with the staff, "I'm happy how it was handled, I felt listened to". There was a complaints procedure on display in the entrance hallway. We saw that any complaints made were investigated and responded to in line with the provider's complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider carried out a range of audits to monitor the quality and safety of the service. However, these were not always effective in identifying shortfalls and driving improvements. For example, we saw that the medicines audits had not identified that medicines were not always recorded effectively. Most of the medicine in the home was dispensed using a monitored dosage system, which meant medicines were supplied in monthly blister packs, with pre-printed medicine administration records (MAR). However, where new items of medicine had been booked in by hand writing the MAR, staff had not had this checked by a colleague to ensure this was accurate, in accordance with good practice. Medicines were correctly stored in the refrigerator when needed. However, we saw that the opening date of two recently dispensed medicines had not been recorded in accordance with good practice. The member of staff administering medicines told us they would action this immediately to ensure they remained safe for use. We found there was no suitable system to ensure that variable doses of medicines were accurately recorded. MAR were not always written clearly and running stock balances were not always recorded. This was discussed with the regional manager and following the inspection, we were advised that action had been taken to remedy this.

We saw that the registered manager monitored accidents and incidents, including falls for patterns and trends and action was taken to prevent reoccurrence, for example referrals to the falls clinic. We looked at the accident and incident records and saw that there had been a number of unwitnessed falls; for example one person had suffered eight unwitnessed falls in three months. However, the trend analysis did not distinguish between unwitnessed and witnessed falls and trends were not being identified or analysed in this area. As a result, the impact of other factors, such as staffing levels, had not been considered to ensure action was taken to prevent reoccurrence.

We recommend the provider considers ways to improve their quality assurance systems to support the drive for continuous improvement.

We saw other audits were carried out to ensure the quality and safety of the service, including infection control and health and safety checks, which meant there were systems in place to ensure the safety of the home's environment. In addition, the provider had recently recruited a quality and compliance director, who carried out a quarterly check which focussed on the five key questions we ask each service, i.e. is the service safe, effective, caring, responsive and well led. We saw that an action plan was in place to address areas of concern, for example flooring in the laundry room was being replaced.

People, their relatives, staff and other professionals involved with the service were provided with opportunities to express their views about their care and the running of the home. These included residents and relatives meetings and a bi-annual satisfaction survey. We saw the results of the most recent survey were available at the home, which showed that the majority of the feedback was positive and the results were to be discussed at a forthcoming residents/relatives meeting. The regional manager told us they planned to involve residents and their relatives in the recruitment process in response to a comment about

staff turnover. This showed the provider considered people's feedback in the planning of the service.

At our last inspection in 2015, the new provider had just taken over the home and since that time they had carried out extensive refurbishment, reducing the number of shared rooms to create en-suite facilities and work was ongoing to provide new kitchen and dining room facilities. There was a positive, inclusive atmosphere and people, their relatives and staff looked at ease. We saw that the new manager was visible around the service and spent time getting to know people and their relatives. People and their relatives told us they felt able to approach the staff and management at any time and had no concerns about the change of manager. Staff told us they felt supported by their colleagues and the management team and had regular meetings where they felt able to raise any concerns. One member of staff said, "There's always support here and the new manager has made a good start, I feel quite comfortable with them already". All the staff were positive about the changes made by the provider. One said, "There's been a vast improvement since the new provider took over, it's a much nicer environment". Another said, "It's lovely in this house, the decoration and everything, it's thrilling for everyone all the improvements that have been made".

We had received notifications of important events that had occurred in the service and the provider had published and displayed their rating in accordance with the requirements of registration with us. There was a copy of the latest rating and inspection report on display at the entrance to the home, although the link to the CQC report on the provider's website was not working correctly. The regional manager told us they would action this with the provider. This is so that people, visitors and those seeking information about the service can be informed of our judgements.