Silk Healthcare Limited

Heather Grange

Inspection report

Queens Road
Burnley
BB10 1XX
Tel: 01282 415908
Website: www.silkhealthcare.co.uk

Date of inspection visit: 6 and 7 January 2015
Date of publication: 12/02/2015

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

Overall summary

We carried out an inspection of Heather Grange on 6 and 7 January 2015. The first day was unannounced. We last inspected Heather Grange 16 October 2013 and found the service was meeting the current regulations.

Heather Grange is a 70 bedded care home providing care to older people with personal and nursing care needs. The home is divided into three suites known as Village, Woodlands upper and lower and Garden. Village suite provides care for older people with personal care needs, Woodlands upper and lower provides care for older people with a dementia and Garden suite provides care for older people with mental health nursing needs. At time of the inspection there were 64 people accommodated in the home, plus one person in hospital.

The service had a registered manager in 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.

Summary of findings

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

As Heather Grange is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate mental capacity assessments had been carried out and applications had been made to the local authority for a DoLS. Staff had completed training and had a working knowledge of the MCA 2005.

We found the arrangements for managing people's medicines were safe. We found accurate records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People and their relatives spoke positively about the home and the care they or their relatives received.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

Summary of findings

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. The provider had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

The way staff were recruited was safe, as thorough pre-employment checks were carried out before they started work. Staff were trained to recognise any abuse and knew how to report it.

Is the service effective?

Good

The service was effective. People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Is the service caring?

Good

The service was caring. People told us they were happy living in the home and staff were kind and considerate. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and we saw they respected people's rights to privacy and dignity.

Is the service responsive?

Good

The service was responsive. People were satisfied with the care provided and were given the opportunity to participate in a range of activities which were arranged on a daily basis.

People's needs had been assessed before they were admitted to the service. Each person had an individual care plan, which provided guidance for staff on how to meet their needs.

The complaints procedure was clearly displayed in the home. People spoken with had no complaints about the service but knew who to speak to if they were unhappy.

Is the service well-led?

Good

The service was well led. The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service for people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Heather Grange

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 January 2015 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications. We also received information from Lancashire County Council's Adult Social Care Procurement Centre and East Lancashire Clinical Commissioning Group. The provider sent us 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.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 14 people who used the service and four relatives. We spoke with the registered manager, six members of the care team and the cook. We also discussed our findings with the regional manager.

We looked at a sample of records including seven people's care plans and other associated documentation, ten people's medication records, three recruitment files and staff records, policies and procedures and audits.

Throughout the inspection we spent time on all suites observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I can't find fault with anything" and another person commented, "They really look after you." Similarly all relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. We observed from the good natured humour between people living in the home and the staff that there was a warm and friendly atmosphere.

Staff spoken with understood their role in safeguarding people from abuse. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this. Where safeguarding concerns had been raised, we saw the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We looked at how the service managed risk. People who used the service and the staff told us people were supported to take risks so they could be independent. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Records seen demonstrated all risk assessments had been reviewed on a regular basis.

We saw where the risk of someone displaying behaviour which may challenge the service had been identified, there was guidance for staff to help them deal with any incidents effectively. These focussed on staff using the least restrictive approach, diverting people's attention and de-escalation and included respecting people's dignity and protecting their rights.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the registered manager. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence. The registered manager maintained a central log of accidents and incidents and carried out a monthly analysis to identify any trends or patterns. This meant preventative measures could be taken to keep people safe.

We looked at how the service managed staffing and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people living in the home. For instance a total of ten staff were deployed on Garden suite to care for 22 people. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met. One person told us, "There is always enough staff around".

We looked at recruitment records of three members of staff and spoke with two members of staff about their recruitment experiences. Checks had been completed before staff commenced work in the home and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. Staff completed a probationary period during which their work performance was reviewed at intervals. We noted the provider had a recruitment and selection policy and procedure which reflected current regulatory requirements.

We looked at how medication was managed in the home. All people spoken with told us they were happy with the support they received to take their medicines and confirmed they were offered pain relief as necessary. One person told us, "I understand my medication and why I take it". Staff designated to administer medication had completed a safe handling of medicines course and

Good

Is the service safe?

undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference in each treatment room.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date. However, we noted there were no written directions for the use of thickening powder, which meant there was the risk this could be used inappropriately. We discussed this with the registered manager, who rectified the situation by providing clear written instructions to staff. We observed a nurse administering medication and noted they were methodical, taking time to identify people, talking to them and waiting for them to swallow their tablets.

Suitable arrangements were in place for the management of controlled drugs. We found a random check of the stocks corresponded accurately with the controlled drugs register. We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls. This had been placed at the front of the medication records to remind staff of the correct procedures.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted appropriate documentation was available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider employed a maintenance officer and arrangements were in place for the ongoing upkeep of the building.

Good

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. We found staff were trained to help them meet people's needs effectively. One person told us, "I feel very confident with the staff. They all know what they are doing" and a relative commented, "The staff have all the qualifications, if I ask them something and they are not sure they will find out for me."

All staff had under gone an induction programme when they started work in the home and received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, medication, fire safety, infection control, safeguarding and the Mental Capacity Act 2005.

Induction training was carried out over 16 weeks and covered the Skills for Care common induction standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. Staff spoken with told us the induction and on-going training was useful and helped them feel confident to support the people who used the service. They confirmed there was always on-going training available. They all said they felt they worked in a supportive team and the registered manager was accessible and approachable.

From the training records seen, we noted staff had completed mandatory training. Other training included nutrition and hydration, dignity and respect and wound care. Staff also undertook bespoke training in the safe use of the equipment people needed to support their care, such as hoists. The training was delivered in a variety of different ways including face to face and DVDs and accompanying questionnaires. The registered manager had effective systems in place to ensure staff completed their training in a timely manner.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed handovers meetings were held during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there were information booklets about the MCA 2005 available for visitors in the reception area. According to records seen the staff team had completed work booklets on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Staff spoken with had an understanding of MCA 2005. The registered manager had a copy of the Act's codes of practice and understood when an application should be undertaken.

We saw mental capacity assessments had been carried out and where necessary best interest decisions had been made. For instance we saw a best interest decision had been made to enable staff to give a person their medication in a covert manner. We noted where a person had fluctuating capacity; several assessments had been done over a period of time to monitor their capacity. We saw DoLS documentation had been completed and this was filed on people's records. We also noted there was specific guidance in people's care plans to provide guidance for staff on how best to support people. According to the provider information return five people had an authorised DoLS. During the inspection, one person told us they wanted to leave the home; however, they were under continuous supervision and control and were not free to leave. A DoLS application had not been submitted for this person. However, shortly after the inspection we received written confirmation a standard and emergency DoLS application had been made to the local authority.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very good and there is always plenty." We observed breakfast time and lunchtime on the first day and noted people were given support and assistance to eat their food. The meals looked well-presented and were plentiful. We observed people were offered second

Good

Is the service effective?

servings if they wanted more to eat. Staff engaged people in conversation and the atmosphere was cheerful and good humoured. The tables in the dining areas were nicely dressed, with place settings, tablecloths and condiments. Details of the meals were displayed on boards on each suite.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. The chef spoken with was aware of people's dietary needs and personal preferences and said she had opportunities to discuss people's views and suggestions about the food on a regular basis. People's weight was checked and recorded at monthly intervals, which helped staff to support people to maintain a healthy diet. Where people had been identified at high risk or had weight loss they were weighed weekly as part of the monitoring system. The chef was provided with information about people's weights and adjusted people's diet as necessary. For instance, people who had lost weight were offered a fortified diet. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

The premises were designed to promote people's privacy, dignity and independence. Accommodation was arranged on two floors in three suites, with each suite having its own lounge and dining areas. All bedrooms were single occupancy with an ensuite shower and toilet facility. People could choose to spend time alone or with others in the lounges or coffee bar. There was also an activity room on the second floor, which was used throughout the day and evening. Themed areas had been established at the end of corridors on the Garden suite. The registered manager told us since these had been in place there had been a marked reduction in behaviour which challenged others and the service. The home is set in its own grounds and has an enclosed garden so all people could use the garden if they wished to.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Heather Grange.

Good

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. People spoken with expressed satisfaction with the care provided. One person told us, “They are all wonderful, I can’t fault anyone of them” and another person commented, “All the staff are lovely and very thoughtful.” Similarly relatives were happy with the care their family members were receiving, one relative said, “I think the staff are excellent. They are all very kind and caring.” The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were able to join in activities and offered refreshments.

People said the routines were flexible and they could make choices about how they spent their time. One person told us, “I can get up when I like and I sometimes like spending time in my room.” We saw people being offered choices and staff often asked people if they were okay and if they wanted or needed anything.

The registered manager and staff were thoughtful about people’s feelings and welfare and the staff we observed and spoke with knew people well, including their preferences and personal histories. They understood the way people communicated and this helped them to meet people’s individual needs. People told us the staff were always available to talk to and they felt that staff were interested in their well-being. One person told us, “The staff always listen and act on it.”

Before people moved into the home, the registered manager carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People’s privacy was respected. Each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. The registered manager told us several staff were designated as “Dignity Champions” and the home upheld the values of the “Dignity in Care” Campaign. This is a national awareness campaign designed to promote and uphold everybody’s right to dignity and respect, especially for those receiving care.

We observed staff encouraged people to maintain and build their independence skills. For instance we saw a person washing some crockery after lunch. Staff were also able to provide clear examples of how people were supported to remain as independent as possible.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a brochure, which presented an overview of the services and facilities available in the home. People were also given a service user handbook on admission to the home which provided detailed information about the home. This meant people had ready access to the documentation for reference purposes.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said the home was "Very friendly" and another person told us, "I am pleased with everything. I am happy to be here". Relatives spoken with told us they were confident their family member was receiving appropriate care. One relative commented, "The staff keep me informed on every aspect of my (family member's) care. The atmosphere is friendly and happy and the staff are pleasant."

We looked to see if people received personalised care. In the provider information return (PIR) the provider sent us they told us everyone had person centred support plans. We looked at seven people's care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs and some files contained a "This is me" form which informed staff about people's needs, preferences, likes, dislikes and interests. We saw evidence to indicate the care plans had been updated on a monthly basis or in line with changing needs.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

We saw documentary evidence to indicate some people and their relatives had been involved in the review of their care plan. However, some people spoken with could not recall discussing their needs or their care plan with the staff. The registered manager acknowledged this was an area for development and had plans in place to address this issue. It is important people are supported to have an active contribution to the care planning process so they can influence the delivery of their care. The registered manager regularly checked people's care plans and developed an action plan in response to any shortfalls.

People had access to a range of activities and they told us there were things to do to occupy your time. Throughout the inspection we saw staff engaged in conversation and activities with people, including a quiz and decorating cakes. A social evening for people and relatives had also been arranged on the second day of the inspection. The home employed a full time activity organiser who arranged activities on a daily basis. We saw that information about forthcoming events was displayed by the passenger lift. Activities included pet therapy, aromatherapy, bingo, singing and dancing and regular trips out in the home's mini bus. People were also offered the opportunity to go out an individual basis, for instance shopping in a local town.

People were encouraged to meet with others in the coffee bar or activities room and participate in activities on different suites. One person living on Village suite told us they were particularly looking forward to spending time with the people on Woodlands suite for an activity later in the day.

The registered manager had recently introduced a new personal / social choices care plan, which was designed to inform staff about people's interests, likes and dislikes. The registered manager explained that she was planning to use the information in the forms to develop the activity programme.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with were unsure how to raise a complaint, but they told us they would be happy to approach the nurse or registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was displayed in the reception area and included the relevant timescales for the process. The registered manager told us she had received no complaints about the service over the last 12 months.

Good

Is the service well-led?

Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person said, "I see a lot of the manager, she always asks how things are going" and a member of staff told us, "The manager is really good. She deals with things and if there's problem she wants to know about it."

The service was led by a registered manager who had managed the home for almost two years. The registered manager told us she was committed to continuously improving the service. She told us she was supported in this by her line manager, who often visited the home. The registered manager was also part of the wider management team within Silk Healthcare Limited. She met regularly with other managers to discuss and implement policy changes and share best practice in specific areas of work. The registered manager described her key challenges as the recruitment of nursing staff, the development of the keyworker role and promoting people's involvement in the care planning process. Throughout all our discussions with the registered manager it was clear she had a detailed knowledge of people's current needs and circumstances.

The staff members we spoke with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. All staff spoken with told us they were part of a strong team, who supported each other.

The registered manager operated an "open door" policy, which meant arrangements were in place to promote on-going communication and discussion. The registered manager also had specific times when she was available for people, staff or relatives to discuss any aspect of the operation of the home.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated to work on a particular suite so they knew who they were caring for during the day. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

People and their relatives were given the opportunity to complete an annual satisfaction questionnaire. This enabled the home to monitor people's satisfaction with the service provided. The questionnaires were last distributed in March 2014. We saw the results of the survey during the inspection and noted 100% of respondents indicated they were treated with respect. The results had been collated and analysed. However, an action plan had not been devised to address any shortfalls. The registered manager assured us this issue would be immediately addressed and the issues raised would be discussed at the next residents and relatives' meeting. People and their relatives were invited to meetings every three months. We looked at the minutes from a recent meeting and noted a range of topics had been discussed including the menu and activities in the home. We also looked at comments submitted on a care home review website and noted people had praised all aspects of the service.

According to the provider information return submitted before the inspection, the registered manager and the management team completed 21 different audits in order to monitor the quality and safety of the service. We looked at a sample of the completed audits during the inspection, including medication, care plans, health and safety, infection control and staff training. Action plans were drawn up to address any shortfalls. The plans were reviewed every month to ensure appropriate action had been taken and the necessary improvements had been made. The registered manager also carried out unannounced site visits to check staff were carrying out their role correctly and adhering to the company's policies and procedures. A report of a recent site visit undertaken at night was seen during the inspection.

The home was subject to quality monitoring checks by the regional manager who undertook monthly provider visits. As part of the visit, audits and action plans were checked and feedback was sought from people living in the home, relatives and visiting professionals. We saw the regional manager had compiled detailed reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.