

Heathfield Residential Home Limited

Heathfield Residential Home

Inspection report

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Warrington
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Website: www.heathfieldresidentialhome.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Heathfield Residential Home is a care home that provides accommodation and personal care for up to 25 ladies. The home is a large Victorian three-storey privately owned care home in the village of Grappenhall in Warrington.

People's experience of using this service: People living at Heathfield Residential service benefitted from an outstandingly caring and responsive service. The people we spoke with consistently told us they were very happy, felt safe and were treated with exceptional kindness. The home was warm, welcoming and homely with a luxurious feel.

Without exception, people and their relatives told us that the staff were kind, caring and went over and above what you would expect in a care home.

There were enough staff to meet people's needs and provide companionship to the people that lived there. People were empowered to retain their independence and live their life in the way they chose.

Medicines were safely managed and those who were assessed as able to self-medicate were encouraged to do so.

Staff showed a detailed knowledge of the lives of people who lived there. They knew their parents' names, where they grew up and engaged in meaningful conversations about people's lives and histories. Staff were particularly sensitive to times when people living there needed reassurance and compassion.

The service used a variety of tools to communicate with people and their representatives. Relatives of people who lived there were encouraged to be as involved in their relatives care as they wished. The service offered regular social events that included open invitations to friends and relatives.

There were varied and innovative activities that incorporated the use of new technology and worked in collaboration with academic research. People who wished to go out were taken to the places of their choosing, examples included the beach, the theatre, the pub and many more.

People told us they enjoyed the food and were offered a variety of choices made with fresh ingredients. During the inspection we saw that the food was appetising and mealtimes were a friendly, sociable time. People who wished to eat alone were supported to do so.

The registered provider was working in collaboration with academic researchers at Lancaster University to develop innovative, interactive technology to improve the lives of people living with dementia.

The service used assistive technology to keep people safe. Extra security measures had been researched and implemented. These included door alarms, a second half-door outside the main door, hall sensors and a

GPS tracker bracelet for people who were at risk of trying to leave the building.

People were supported to maintain their diverse needs and preferences. Staff were aware if people followed a faith and empowered them to continue to do this. The service had its own chaplain and retained links with other religious communities.

People who lived at the service and staff, spoke highly of a fair, supportive and approachable management team.

Staff who had been identified as strong in certain areas were asked to take the lead in certain aspects of care and advise the management team where improvements could be made.

More information is in the full report

Rating at last inspection: At the last inspection the service was awarded an outstanding rating. (Published 10 September 2016)

Why we inspected: This inspection was a planned comprehensive inspection. We had not received information of concern prior to or during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Heathfield Residential Home

Detailed findings

Background to this inspection

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

Inspection team: This unannounced inspection was completed on 21 and 23 January 2019. The inspection team consisted of one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has experience of using this type of service, in this case, caring for older people.

Service and service type: Heathfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

We spoke with eight people who were living at the service, four relatives and 12 members of staff, including the registered providers and both registered managers. We reviewed five care files, three staff recruitment records, policies, staff rotas, training records, safety and maintenance certificates, quality assurance audits, activity records and nutrition and hydration documentation. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who were living at the service told us they felt safe. Comments we received included, "I definitely feel safe and if I didn't I would speak to the owners." Another person said, "Yes, I'm safe, whatever I need is always there.". One relative we spoke with said, "[relative] is absolutely safe, the care is superb."
- The service had safeguarding and whistleblowing policies in place. These were robust and had been regularly reviewed. The policies guided staff about types of abuse, how to spot them and gave the relevant contact details of the local authority and CQC if they wished to raise a concern. Staff we spoke with demonstrated a clear understanding of the policies. Staff had all completed training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Where risks were identified these had been assessed and managed to keep people safe from avoidable harm. The registered provider operated a policy of 'positive risk taking'. This meant they did not restrict people who wished to take part in any activity but enabled them to do the things they wanted while remaining safe. More details can be found in the effective and responsive sections of this report.
- The service used assistive technology to maintain people's safety. For example, falls sensor mats, door alarms and movement sensors near the front door had been installed for people who were at risk of falls or absconding.

Staffing and recruitment

- Staff were recruited safely. We reviewed three staff files. All contained pre-employment checks including full employment history, references and checks with the disclosure and barring service (DBS). DBS complete checks on applicants to ensure they are not known to be unsafe to work with vulnerable adults.
- The provider operated a value based recruitment policy. Applicants were invited to spend time interacting with people who lived there. People who lived there were empowered to provide their feedback about potential new employees.
- People we spoke with told us there was enough staff to meet their needs and provide companionship. We reviewed the staff rotas and saw consistent staffing levels. We observed that call bells were answered quickly and people did not wait long for care needs to be met. The service had a low turnover of staff and some staff had worked there for many years. Where there was short notice staff absence, the registered manager and registered provider would cover.

Using medicines safely

- Medicines were managed safely. People received their medication at the right time. All staff who were responsible for administering medication had received training and regular competency assessments.
- When people moved into the service, they were assessed for their ability to self-medicate. During the

inspection there was one person living there who controlled their own medication. This empowered the person to retain their independence.

Preventing and controlling infection

- The service had a detailed infection prevention and control policy. All staff had received training in the prevention and control of infection. Throughout the inspection we saw that the home was very clean and there were no malodours. Staff were seen to wear the appropriate personal protective equipment such as gloves and aprons. The registered provider completed infection control audits and in June 2018 the service was audited by an NHS Infection Control Lead Nurse and scored 100% compliance.

Learning lessons when things go wrong

- We reviewed the records of accidents and incidents and saw that all were well documented. These were audited and analysed. We saw that the analysis had identified trends and highlighted that a particular time of day was the most common time for people to have an accident. The registered provider responded by increasing the number of staff on duty. The number of accidents was then seen to reduce.
- The service cared for some people who were not safe to leave the premises alone. One person had managed to leave the premises on a couple of occasions before the inspection. The registered provider researched and implemented innovative techniques using assistive technology to ensure this person remained safe. These included providing a GPS wrist bracelet so if the person were to leave they could be quickly found. All staff were aware that this person may try to leave and were seen during the inspection, to distract, reassure and kindly explain why they couldn't leave at that time. We spoke to a relative about this person's care and they told us, "They have gone over and above in the way they have kept [relative] safe".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People we spoke with told us they were cared for by staff who were well trained. Comments we received included, "The staff really do know what they are doing." A relative we spoke with said, "Staff know the rules for lifting and what can and can't be done."
- When new staff were employed by the service they completed mandatory training. Some training was delivered face to face by the registered manager who had a training qualification. When new care staff had not worked in the care sector before they were supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific roles in the health and social care sector.
- Staff who were suitably qualified took a lead role in certain areas of care. For example, one staff member had completed extra training around dementia care so was the dementia lead. They had completed research and developed training for other staff to meet the needs of people living with dementia.
- Staff were supported by regular supervisions, appraisals and competency assessments. Staff we spoke with told us that they found the supervisions to be helpful and reassured them they were doing their job properly. Comments we received included, "Regular supervisions help us as it's reassuring to know you're doing it right, or if you're doing it wrong you need to know."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- People we spoke with told us that staff always gained their consent before assisting them with anything. Everyone living at the service had signed documents consenting to their care. Where people lacked capacity to do this, families who had lasting power of attorney (LPA) had consented on their behalf. Where this wasn't the case, best interest decision meetings had been held. During the inspection we saw that care staff asked people for their consent before assisting with any tasks, we saw that this was done in the most appropriate communication method for that person.

- The service had a presence on social media. This was used as a method to communicate with relatives. People who lived there only had photographs of them shared on social media if they had consented to this in a meeting that was conducted in a way they could understand.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed meal times and saw they were a pleasant, dignified and sociable time in the home. People we spoke with told us they enjoyed the food and drinks provided. The chef prepared all meals using fresh ingredients. There was a varied menu and we saw that people could choose to eat food from the menu or request something different. The service designated one staff member to sit and dine with the people living there. We saw that they instigated meaningful conversation and observed people eating and drinking. The staff member could highlight to the chef if anyone wasn't eating or drinking well. There was a variety of drinks and snacks readily available throughout the day.
- People living at the service were consulted at regular catering meetings so they could state what food they enjoyed, what they would like to see on the menu and if there was anything they didn't enjoy. The chef kept a detailed list of people's dietary needs and preferences.
- Everyone living at the home was assessed using the Malnutrition Universal Screening Tool (MUST). People's weights were monitored at least monthly and people who had been at risk of losing weight before moving into the home had gained weight when they moved in and this had been maintained. At the time of the inspection there was no-one living there who had any diverse needs and preferences in relation to food, but the chef explained that they had ensured they used a supplier who could provide products that met people's needs and preferences if someone were to move in who required this.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to create a safe, homely environment, including an interior lift to all floors and an exterior lifting platform at the main entrance. There were three separate communal lounges and a dining room. Two lounges were more sociable and where the activities took place. The third lounge was a quieter space and during the inspection, this was occupied by people who wished to spend time alone. People chose the decoration and furniture for their bedrooms. People we spoke with and their relatives told us they thought the home was beautifully decorated, one person said, "It's so clean and so welcoming, it really is [relatives] real home."
- The home was immaculate throughout the inspection, there were luxurious items such as chandeliers and high-quality furniture and art work mixed with modern technology. For example, in the dining room there was an interactive screen and we saw that a fish tank scene was playing. One person we spoke with said, "This does make me feel relaxed you know."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- We reviewed care files and saw that people were referred to health care professionals in a timely way. Where medical advice had been given, there were detailed instructions for staff on how to follow the advice effectively. The service employed an audiologist and chiropodist to come to the home on a regular basis as it was easier for people living at the service to receive the care in the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Without exception, people and their relatives told us that the staff at Heathfield Residential Home were kind, caring and exceeded their expectations. Comments we received from people who lived there included, "I love this place", "It's just lovely, we really are a family here" and, "Staff are so interested in us, really are marvellous." Comments we received from relatives of people who lived there included, "Such a good feel about the place, [relative] was settled from the word go, one big family." Another person said, "The standard is excellent, [relative] has come home here."
- There was a strong, visible, person-centred culture. Care files contained detailed personalised information about each person, including family and life histories going back to when and where their parents were born and how their parents spent their time. There were details about their schooling, upbringing, occupation, relationships and hobbies. Such detailed information enabled care staff to get to know people very well and provided them with subjects on which to instigate meaningful conversations and suggest activities. We observed a conversation where staff were chatting to a person about a hobby that they used to enjoy. The person became animated and clearly gained enjoyment from this conversation.
- The registered providers spent their day assisting staff to deliver care and providing companionship to the people who lived there. Their level of kindness and attentiveness was such that people consistently told us they felt part of a family. One person told us, "We can speak to the owners about anything, they always listen and give a proper answer." People consistently told us that the caring nature of the service exceeded their expectations. One person said, "Staff are exceptionally kind, we're a family here". One staff member we spoke with told us, "The residents are what matters, we work in their home, we always respect that and remember how we would like to be treated in our own home."
- Throughout the inspection we saw many examples of people living there being treated with kindness and compassion. We observed people hugging, chatting, laughing and holding hands with staff, we saw that people confided in staff and felt confident to discuss personal matters with them discreetly in communal areas. People were spoken to with respect. An example of this was a lady who became distressed during the inspection. A staff member spoke to them kindly, clearly and discreetly, they calmly got close, retained eye contact and asked, "Can you hear me?." It then became clear that the cause of this person's distress was that their hearing aid wasn't working properly. They quickly fixed the hearing aid and the person was seen to relax and enjoy their afternoon.
- Staff were particularly sensitive to times when people living there needed reassurance and empathy. An example of this was a person who regularly tried to leave the building alone and wasn't safe to do so. Staff were seen on many occasions during the inspection to discreetly use distraction techniques and offer kind words of reassurance to this person, this enabled them to feel relaxed and comfortable. We observed that

this person's needs were anticipated and staff were mindful of the triggers that may prompt this person to try to leave. Staff recognised signs of anxiety early and were skilful at offering reassurance and distraction before they led to symptoms of distress.

- Staff had formed close bonds and caring relationships with people who lived there and their families. There was a low staff turnover and many staff had worked there for many years. One staff member we spoke with said, "I travel a long way to come to work but I could never find a happier or nicer place to work. We love the residents and they are family to us."
- People were empowered to maintain equal and diverse needs and lifestyle choices. When people were assessed for moving into the home, they were asked if they wished to follow a religion, express their sexuality and if they had any other diverse needs and preferences that they could be assisted with. People who wished to follow a faith were assisted to; there was a resident chaplain and the service had links to other religious denominations. Church services were held in one of the lounges with the large screen showing a picture of a church local to the home. We viewed this and could see that this created a feeling of being inside the church. The registered provider informed us that they would be able to offer the same service for any location that the person living there would like. People were also taken out to places of worship if they wanted this.
- One person living there had been invited into the kitchen to teach the chef how to prepare food from their cultural background. The chef had sourced authentic ingredients this person would have used while growing up. The person's family brought in traditional cultural clothes for people and staff to try on. The chef then regularly prepared this food and included this on the themed food evenings as people had said how much they enjoyed it. There were photographs of the person and they were seen to be smiling and enjoying the experience. This promoted the person's independence and empowered them to retain links with their culture.

Supporting people to express their views and be involved in making decisions about their care.

- All staff, people living there and relatives were encouraged to express their views. All the people we spoke with told us they could tell the registered providers anything and were confident they would receive a helpful response. One person said, "I can tell [registered provider] anything, they always listen to me and help." There were more formal feedback sessions that included regular reviews and focus groups. People who lived there were asked to complete surveys, these involved using documentation they could understand including text and pictorial images to rate how happy they were with each aspect of the service. Staff and relatives were also invited to complete satisfaction surveys. We reviewed the results of these and found them all to be positive.
- Relatives we spoke with told us they were very involved in the planning, delivery and reviews of their relative's care. We were informed that they were involved when care files were written and had regular review meetings. One relative said, "They keep me very updated on [relative's] care needs, I always know what is happening."
- We saw that relatives who didn't live close and were unable to visit regularly were sent personal letters and emails informing them how their relative was and what they had been doing. There was also a newsletter that was sent to all relatives and the social media page.
- The service positively welcomed the involvement of advocates. They had links with an independent advocacy service. All people living at the home were advised they could access this if they wished to. At the time of the inspection there was one person living there who had chosen to use an advocate. We saw evidence in the care file that the advocate had expressed their opinions of the care provided to this person and their feedback had been taken into account.

Respecting and promoting people's privacy, dignity and independence

- The service operated a privacy policy and we observed during the inspection that people's privacy and dignity were respected. Staff knocked on doors and waited to be invited in, they closed doors and curtains while assisting with personal care.
 - The chef told us that promoting people's dignity was central to their role. They researched a variety of methods to make specialised diets, for example, soft food, look appetising and similar to the food the other people in the home were eating. This also enhanced the inclusive sociable environment during meal times.
 - People were empowered to be as independent as possible. The service had a policy of empowering people to do the things they wanted to do. If people wished to, they assisted the domestic staff with household chores, helped the chef in the kitchen and engaged in hobbies or activities that they had lost touch with before they moved in. One person was blind and had a digital assistant speaker in their room, they used this to turn on the radio and control the lights. One person had been artistic through their life so the registered provider made connections with a local art studio so that the person could visit and re-engage with a past hobby.
 - When people were taken out to places they had requested to go to, for example, the pub, shopping and an ice cream van, they were given money so they could order and pay independently if they wished to.
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- People who lived there told us how much they enjoyed choosing to buy things at the mobile shop. Staff took a regular shop service to each person living there. There was a choice of inexpensive items including toiletries, sweets and gift cards. People were empowered to make choices and use their own finances if they had the capacity to make this decision. Where people lacked the capacity to make a decision to buy things, best interest decision meetings were conducted with relatives and representatives and staff acted on the decisions that were reached.
 - The service used a variety of tools to assist people to communicate with friends and relatives. One person living there had a close relative that lived abroad. The service ensured that there was adequate technology for this person to make and receive video calls to keep in touch.
 - We were shown many examples of the registered provider exceeding people's expectations to make people and their relatives as comfortable as possible. Examples of this were relatives who couldn't get to the home were given lifts to and from the home by the registered provider. Where people wanted to go out to spend time with relatives the registered provider facilitated this for them. One relative we spoke with said of the registered provider, "Really, nothing is too much trouble for them".
 - One person who lived there had lived a very private life before moving in. They chose to leave notes for the staff around their bedroom requesting staff not to touch certain things and to make the bed in a specific way. Staff we spoke with were aware of the person's wishes, they did not change on a daily basis. The person was still encouraged to leave the notes as this provided a comfort to them and allowed them to retain some independence and control over their own property.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services continued to be tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Without exception, people and their relatives told us that they were in receipt of care that was responsive to their individual needs. One person said, "Staff always speak to us individually to make sure we're OK and understand what's going on." One relative said, "Staff are just lovely, they know [relative] so well, couldn't ask for more."
- People told us that the activities exceeded their expectations, one person said, "I love everything we do, there is always something to get involved in". The service used innovative ways to involve people and their relatives in all aspects of their care. People who lived at the service were treated as individuals. Their personalities, life histories, hobbies and previous occupations were explored and considered when planning activities. The registered provider had designed and implemented a company initiative of "If I could, I would". This meant that each person living there was given the opportunity to express how they would like to live their life and what activities they would like to take part in.
- People who lived there maintained control over their lives and were valued as an individual. One staff member was the designated community engagement and activities lead. They researched, designed and developed the activities schedule. This was done in collaboration with people who lived there and their representatives. Regular meetings took place to enable the people living there to say which activities they enjoyed and which they would prefer not to do.
- One person had stated that they would enjoy a trip to the local pub, this was organised for them. They enjoyed one to one time with a staff member with whom they had formed a close bond. Other people were taken on regular trips that included the theatre, shopping and bowling. One person had enjoyed playing golf in their life so the registered provider took them to a local golf club, they were driven around in a buggy and joined in the game. Another person had said that they enjoyed swimming so the service had arranged with a local swimming pool to increase the temperature of the water so the person was supported to enjoy this activity safely with staff. People had requested to go to certain places that were important to them, this included the seaside, local National Trust properties and particular shops. Each person who had requested to go to a certain place had been taken there.
- As well as regular trips out, there was also a varied and innovative schedule of activities that took place at the home. We reviewed the schedule and saw that there were activities on offer every single day. These included quizzes, exercise classes, cocktail evenings and cookery classes. An ice cream van had been commissioned to park in the grounds of the service one day and people living there were supported to go outside and buy their own ice creams if they wished to.
- One person who lived at the service was an artist, they were encouraged to bring their own artwork with them when they moved in and their pieces were placed around the home. The service arranged for a local artist to visit and assist the people living there to paint Christmas baubles. These were then placed on the Christmas Tree in the main communal area of the home. As one person had particularly enjoyed this

activity, the service had arranged for this person to go to the artist's studio and complete more arts and crafts activities.

- Care files we looked at were designed around the individual person. People who lived with dementia had their preferred routines documented and staff we spoke with demonstrated that they knew these well and appreciated why a routine was important to certain people. The dementia lead had done research into communication barriers, listening skills for staff and understanding the needs of people living with dementia. These were presented to staff in workshops. There was a dementia research file available for staff to read if they required more guidance.
- The registered provider was committed to implementing innovative technology to improve the lives of people living with dementia. They were working in collaboration with academic research at Lancaster University. As part of this, the service had an interactive screen that filled a full wall in one of the lounges. It was connected to the internet and controlled by a keyboard. We saw that people living there could have interactive scenery such as beach scenes, countryside and places of worship on the screens and these provided a calm and relaxing environment. We saw that an orchestra was played on the screen and that a person living there gained enjoyment and a feeling of contentment from this. We observed them smiling and dancing to the music.
- Many people who lived there and some relatives told us how much they had enjoyed an afternoon tea that was put on during a royal wedding. People who wished to, got dressed up, the wedding was played on the large screen and people told us they felt as if they were at the church and part of the ceremony.
- There were plans within the collaboration with academic research to develop the technology further in order to continue to use innovative techniques to enhance the lives of people living with dementia.
- The service was meeting the Accessible Information Standards (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. All documentation produced by the service was available in a variety of formats, including larger print. The registered provider operated a library service where people could exchange books, there was a selection of larger print and audio books available for anyone who wanted these. One person enjoyed playing a musical instrument, the service provided sheet music in large print on laminated paper.

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy. This was placed in a prominent position on the wall at the entrance to the premises. People were given a copy of the complaints policy when they moved in to the service and this was provided for relatives also.
- We reviewed the complaints that the service had received. We found these to be handled as per their policy. Each complainant had been responded to and measures had been put in place to prevent the same thing happening again.
- The service had received many compliments from relatives and people living there. These were saved and shared amongst staff. Comments on compliments included, "Heathfield is everything we could wish for as a place for [relative], and, "Heathfield care home provides outstanding service, the staff have been chosen with great care".

End of life care and support

- At the time of the inspection there were no people living at the service who had been identified as approaching the end of their life. We reviewed the end of life policy and found it to be comprehensive and robust. All staff received training in death, dying and bereavement. The registered provider had completed an end of life framework qualification. Each person living there had been given the opportunity to express their wishes for their care if they became ill or approached the end of their life. Not all people had chosen to do this. Where people and their relatives had chosen to do this, advanced care plans were completed to

guide care staff and medical professionals how that person would wish to spend their final days.

- The registered provider had written and produced leaflets for people whose relatives were approaching the end of their life and for relatives of people who had died. These were entitled 'The Final Stage of Life', 'What to do Following a Death at Heathfield Residential Home' and 'Grieving How Might it Feel?'. These provided a source of guidance for relatives about what they should expect from the service during this time, how they could be involved if they wished to be, how to cope and where to seek practical help immediately after someone had died.
- Where people had been identified by a medical professional as requiring a do not resuscitate order, these were stored appropriately in a prominent place within their care files. Staff were aware of which people had do not resuscitate orders and how to respond if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Outstanding: Service leadership continued to be exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the time of the inspection, the service had two managers who were registered with CQC. The registered provider explained that one registered manager had set a date to retire. They employed a new registered manager while the original registered manager was still in post to plan ahead for their succession and ensure the continuity of the cultures and values of the service.
- Without exception, people who lived at the service spoke highly of the management team. Comments we received included, "We have a very open relationship with the managers, we can talk to them about anything." Staff we spoke with told us they felt proud to work there and were supported by fair and approachable managers. One staff member said, "You can raise anything with them, I made suggestions and they listened to me. They are always supportive and care about us. I wouldn't want to work anywhere else". Many of the staff had worked at the service for a long time and all told us they were happy there. The service did not use agency staff, this meant that staff had all received the training specific to the service and all knew the people who lived there well. People who lived there and their relatives consistently told us that they enjoyed spending time with the staff as they had built close relationships over time.
- The registered providers implemented clear visions and values for the service. An example of this was the 'If I could I would' initiative. The registered providers explained that when people move in to the home, they were encouraged to continue their life as independently as possible. The registered provider said, "People don't just come to Heathfield to wind down, they come here to live a full and active life, we make that achievable." This was evidenced by the wide variety of innovative and person-centred activities available to people who lived there. The registered providers were fully committed to supporting the registered managers and staff to deliver a highly personalised service to people who lived there.
- The registered managers and providers completed quality assurance and audited all the completed documentation. This ensured that processes within the home were regularly reviewed and updated to reflect best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider consistently used innovative ways in which to engage with relatives and encourage them to be as involved as they wanted to be in the running of the home. Relatives we spoke with told us they received a warm and friendly welcome every time they visited. There were regular focus groups that were conducted as social events for people living there and their families or representatives. These included restaurant evenings, themed nights, quiz nights and cheese and wine evenings to encourage relatives to come to the home. The registered provider used these events both as an opportunity for people

to express their opinions and be involved in decisions made about the home. There were also formal questionnaires sent to relatives and representatives of people living there. The registered provider then collated the findings and shared these with people, staff and relatives.

- A staff survey was completed. This allowed staff to anonymously give their opinions and feedback on all aspects of the service. The registered provider had analysed the responses and shared these amongst staff, people living there and their relatives. Almost all responses were positive and praised the home for being caring and person centred.
- Staff were supported and motivated, there was a staff awards scheme where staff were recognised and rewarded for providing outstanding care. The registered provider had implemented a 'proficient care worker assessment'. This rated care staff on a four-scale grade on all aspects of their role including protecting privacy and dignity, team work, respecting residents wishes, recognising signs of dementia, safe moving and handling and promoting good practice to others.
- Regular staff meetings were held, staff told us they felt confident to discuss anything with the management team but also that the meetings were beneficial as they learned what changes may be happening.
- The service produced regular newsletters, these included details and photographs of events at the service, people's birthdays and remembered anyone who had passed away. Newsletters were shared with people living there in whichever format they could understand and sent to relatives.
- The home was an integral part of the local community. They maintained links with a local community library and primary school. People who lived there were taken to coffee mornings at the library if they wished to go. Children from a local primary school regularly came to the home and engaged in conversations and activities with people. The registered provider and community engagement lead had given a talk at the school to educate children about what it is like living with dementia and how to help if possible.

Continuous learning and improving care

- Staff who had been identified as strong in certain areas were asked to take the lead in certain aspects of care and advise the management team where improvements could be made. These included falls lead, dementia lead, community engagement lead and infection control lead. This empowered staff to be involved in the running of the home. We saw that some staff had conducted extensive research in their own time and were preparing training sessions for other staff. The registered provider showed us evidence of care practices being improved based on the research and findings from these staff members. This gave people living there and their relatives confidence that current best practice guidelines were shared amongst staff.

Working in partnership with others

- The registered provider worked in collaboration with other care homes to share ideas and compare practice. They also worked with academic research practitioners to be involved in new and innovative technologies to provide meaningful activities for people living with dementia.
- Visiting professionals were asked to complete surveys and provide their opinions and constructive feedback about their experiences of the care provided. This feedback was used as part of an evidence base, by the registered provider to improve the service if required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager is legally required to send notifications to CQC of certain incidents. We reviewed communication logs, accident and incident reports and safeguarding files and were satisfied that the registered manager had submitted all necessary notifications.
- The Health and Social Care Act (2008) requires the registered provider to display the previous inspection

ratings in a prominent place on the premises and on their website. We found this had been done.