

Heathfield Residential Home Limited

Heathfield Residential Home

Inspection report

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 4 and 8 February 2016 and was unannounced. At our previous inspection in November 2013 we found that the provider was meeting the regulations in relation to the outcomes we inspected. There were 22 people living in the home at the time of our inspection.

Heathfield is a care home that provides accommodation and personal care and support for up to 22 older people. The accommodation is provided over three floors in a Victorian building which has been converted and adapted for use as a residential care home. The home has 22 bedrooms of varying size, 11 of which have an en-suite facility. There is a range of communal spaces including: lounges; dining rooms and sitting areas. Toilet and bathroom facilities are dispersed throughout the building. There is a car park provided for visitors and staff. The home is situated in a quiet residential area of Warrington.

The home has a registered manager. 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.

People who lived in the home and their relatives spoke of the outstanding care delivery. They told us that the provider and staff of the home went above and beyond to ensure they received a person centred service. Staff maintained people's privacy and dignity ensuring that any care or discussions about people's care were carried out in private. We saw that interactions between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. We observed that staff knew and understood the people they cared for and ensured that people were provided with choices in all aspects of daily life. Comments made included "The real beauty of Heathfield is the simple fact that the owners and staff constantly refer to it as a 'Home' in the truest sense of the word. You cannot believe how good it is to hear and then see that philosophy in action".

There was a warm cosy atmosphere within the home and it was clear that a lot of thought had been given to creating as homely an atmosphere as possible.

Innovative assistive technology had been introduced to enable people who lived in the home to keep up to date with news and events and have regular electronic contact with family and friends.

The home had worked with Lancaster University to develop specialist software to support dementia care and had introduced this system into the home as part of effective care support and to promote family engagement. Relatives told us that this system enabled them to enjoy effective electronic contact with people who lived in the home.

The home used 'if I could I would' form which held details of the wishes expressed by people who lived in the home as what they wished they could do. We saw that the staff worked hard to make some of these a reality

such as going to a tea dance or a local swimming pool.

Staff were well trained and used their training effectively to support people and assist them with their daily life and help them to retain their independence. Staff told us that the provider had developed some extra training events for relatives of people who used the service to enable them to enjoy effective communication for people who are living with dementia.

Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff were able to demonstrate an excellent understanding and knowledge of people's support needs so as to ensure people's safety and protect their human rights.

Staff were recruited through a rigorous procedure.. As part of the recruitment process the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. Staffing ratios were responsive to people's changing needs and preferences which enabled people to lead fulfilled lives. People who lived in the home and their relatives spoke positively about the home and the manner in which they were cared for.

People received their medicines as prescribed by their GP. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. A GP, district nurse and pharmacist were assigned to conduct weekly visits to the home to take a proactive approach to healthcare. People told us that this assisted them to discuss any issues relating to their health and well-being and have regular health checks such as blood pressure readings 'without fuss'.

People spoke positively of the meals provided and we saw that special diets were catered for. Menus were provided in written and pictorial formats and were clear and detailed choices and menus of the day. People told us that the food was always nicely presented and relatives likened it to 'a five star restaurant'.

The home had a complaints policy details of which were provided to all the people who lived in Heathfield and their relatives. People told us that they had not had any reason to complain but if they did 'they knew what to do'.

The provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. A culture of continuous improvement was in place to promote further enhancement of the service.

People's views and opinions were sought using creative methods and their ideas and suggestions were quickly responded to.

People who lived in the home, their relatives and health and social care professionals who we spoke with during the visit said the home was outstanding. They said the home was well managed, services were excellent and the registered providers constantly looked for ways to provide innovative personalised services to enhance the lives of the people who lived there.

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.

Staff knew how to recognise and report allegation of abuse.

People's medicines were administered safely by staff who were trained and competent to do so.

The provider operated a rigorous recruitment and selection procedure to include value based recruitment techniques, a clearly defined culture statement and staff competency assessments.

The home was clean and well maintained.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision to support them in their role.

People were encouraged and supported to eat and drink well to help them to maintain optimum health.

The registered provider and staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were encouraged to share their views and consent to any care or treatment.

Is the service caring?

Good ●

The service was caring.

People were treated with compassion, respect and dignity.

People told us that staff went above and beyond their expectations to provide very person centred care.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Care plans were centred on each person to ensure they received care and support that was responsive to individual needs.

A wide range of person centred activities were in place that promoted people's hobbies and interest and family inclusion.

People's views and opinions were sought through innovative methods and quickly responded to.

Is the service well-led?

The service was very well-led.

The provider worked with external consultants to constantly monitor, improve and develop the service.

The registered manager consistently promoted strong values and a person centred culture which was supported by a committed staff group.

People told us that the home was an excellent place to live and was run in the very best interests of the people who lived there.

Outstanding 

Heathfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection was unannounced and took place on 4 and 8 February 2016.

The inspection was undertaken by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection planning we reviewed this information and other information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we also contacted commissioners of care and health and social care professionals who were involved with the service to seek their feedback. They did not raise any concerns regarding the service.

We met with 15 people who lived at the home and spoke in detail with eight of them. We spoke with eight of their relatives, two GPs, two visiting healthcare professionals, the homes chaplain and an optician who provided optical services for the people who lived at Heathfield. We were provided with eight letters from relatives of people who used the service who were unable to meet with the CQC inspectors during the visit. We also spoke with five staff members, the chef, the registered manager and the registered providers of the service.

We viewed five people's care files, three staff files, people's medication records, recruitment and training

files, maintenance files and a selection of records used to monitor the service quality which included meeting minutes and audits. We also carried out a tour of the premises.

Is the service safe?

Our findings

People told us that they felt safe within the home. Comments included "Staff make sure I am safe here" and "The front door is locked and I can lock my door if I want. Oh I feel very safe and looked after here". Relatives told us that they never had to worry about people's safety. Comments included "She (relative) was out with her family and had a small panic attack. She told us she wanted to go home (Heathfield) where she felt safe. This made us feel very comfortable that when she was stressed and anxious she felt that Heathfield was her place of safety", "My (relative) feels safe and really cared for at Heathfield. They are always ready to go the extra mile" and "My (relative) likes to get up early and staff are always on hand to assist her whatever time she calls them.

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said that this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. The manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

We saw robust recruitment and selection processes were in place. We looked at the files for three staff and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. As part of the recruitment process the provider told us that they used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. We saw that essential skills for staff included good interpersonal skills, being a team player, open and direct communication skills, accountability and cooperation. These skills were assessed by way of tests and verification of previous training and qualification certificates.

People who were living in Heathfield felt there were adequate numbers of staff to meet their needs. During our inspection we saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. When we spoke with people, they told us they never generally had to wait for assistance. One person said, "If you need support they come as quickly as they can", "They are all wonderful and assist us all the time". Staff we spoke with told us that the call system was

effective and there was generally enough staff on duty to meet people's needs. They said that in addition to the care staff, the providers were always around to assist if required.

The provider told us they used a dependency tool to assess staffing levels and would amend the staffing levels as and when needed dependent on the changing needs of the people they supported. We saw a copy of the dependency tool and noted from the staffing rota that staffing levels had been increased by one extra carer on one day to enable them to assist a person who lived in the home to attend a hospital appointment. Staff spoken with told us that they had sufficient staff to enable them to provide safe care for the people who currently lived in the home.

People told us that they received support to take their medicines and they received the medicines when they needed them. One person told us that they were learning to dispense their own medicines in preparation for going home and another person told us they administered their own medicines. Staff told us and records showed that a full risk assessment was carried out when people were admitted to the service to check if people were able to self-medicate. Systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to date medicines training which gave them the knowledge and skills to ensure they administered people's medicines safely. Records showed that competency checks and medicines audits were carried out each week.

We observed a staff member administering lunchtime medicines. They engaged well with people and asked their consent before administering medicines. We checked the medicines being administered against people's records which confirmed that they were receiving their medicines as prescribed by their GP. Medicines were stored appropriately and there was a controlled drugs cupboard and a fridge for medicines that required more specialised storage arrangements. We saw that a local GP visited the home weekly and monitored medicines as required.

We found the environment safe and secure at the time of our visit. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm records showed regular testing of alarm and emergency lighting systems were in place and certificates confirmed that routine servicing and inspection of equipment was being carried out. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to take action to reduce the risk of any further occurrences.

We saw records that showed that personal risk assessments were in place which were regularly reviewed. Staff told us they were involved in managing and mitigating risks and identifying maintenance and safety improvements.

The home had a robust programme for cleaning and infection control and had nominated a staff member as infection control lead. Records showed that daily audits were carried out to ensure the risk of infection control was minimised. We saw that the provider had recently purchased a sluice which was in the process of being installed. Staff told us that commodes were in place in some of the bedrooms and they were currently emptied and thoroughly cleaned each morning in the communal bathrooms in the home. Staff said that the sluice would be used for this purpose once it was installed.

Is the service effective?

Our findings

People told us that the services provided were effective. Comments included "The staff are wonderful they know exactly what care I need to keep me well", "I am lucky to have found this place, I have improved so much since I have been here" and "I was so ill when I came here, just look at me now".

Relatives told us that the home provided quality care to enhance people's well-being. Comments included "What a transformation we have seen in the quality of (relatives) life. This is due to the intuitive, dedicated and attentive care staff and their effective interventions".

We saw that staff had received all the necessary training for their role. We saw that all staff had also received training in dementia awareness and challenging behaviour. Staff told us that they were supported to develop as individuals and as a team to achieve the aims of the service. Staff told us they had a clear development pathway that included reflection and planning for future training. This showed that the provider planned ahead to develop and motivate staff.

We saw staff were encouraged to undertake continuous personal development and we noted there were related pay and bonus enhancements. Records showed that all mandatory training was up to date. The staff induction had been revised in line with the Care Certificate and records showed that newly appointed staff were provided with structured induction and were not allowed to work unsupervised until they had undergone a formal competency check and felt confident in their role.

Records showed that various staff had been nominated for lead roles to encourage the ongoing development of key elements of the service. These roles included nutrition and dementia awareness. One staff member who had been nominated as lead in dementia awareness told us that she attended periodic workshops to enable her to develop her knowledge and be more active in supporting staff to ensure they had the skills to maximise and promote the wellbeing of people who were living with dementia.

We saw that the home had worked with Lancaster University to develop specialist software to support dementia care and had introduced this system into the home as part of effective care support and to promote family engagement. Relatives told us that this system enabled them to enjoy effective electronic contact with people who lived in the home.

We saw that staff had a clear job description which identified what was expected of them. They told us that they were provided with one to one supervisions and performance reviews to identify strengths and weaknesses and to address any areas of concern. Regular supervision and competency checks were undertaken by the manager to ensure that staff maintained a high standard of care delivery.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Three of the people who currently used the service were subject to a DoLS as they all had been assessed as lacking the capacity to consent to their care and support. We saw that the conditions of the DoLS had been met such as one person being supported to take a walk by a staff member each day. The person's family said "The feeling of confinement had a derogatory effect and caused great anxiety. You (staff) have arranged for a member of staff to take (relative) for a daily walk, a time she finds precious and helps tremendously towards her mental well-being. I am very impressed and extremely grateful as this shows your level of understanding of her condition." Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation and identified what procedure would need to be followed if there was a person who lacked the mental capacity to maintain their own safety.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

Staff had been trained to ensure consent had been obtained from people in respect of all aspects of daily life to include the use of non-verbal methods such as pictures. Staff told us they understood verbal and non-verbal consent and when people were unable to give consent because they lacked capacity to do so.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the care file.

The home had recently joined a pilot scheme in the Warrington Health Plus arrangements which involved proactive medical support being provided to all people who lived in Heathfield. This scheme involved a weekly visit being made to the home by a GP, a district nurse and a pharmacist to monitor and review people's health care needs. Staff told us that this scheme had been effective in managing people's health and well-being and had minimised the need for hospitalisation or crisis intervention. People told us that they were able to have regular blood pressure and other health checks in the comfort of the home 'any time they wanted'.

We found people's health and social care needs were met by a range of professionals to include care and support staff, GPs, district nurses, physiotherapists, occupational therapists, social workers, dentists, opticians, catering staff and domestic workers. This meant that an effective team were available to facilitate people's health and well-being. Feedback from health and social care professionals was most positive about the knowledge and commitment of the staff and the effectiveness of the service. They said that staff always responded to people's needs and supported people well. They told us that staff approached them for advice promptly if needed and followed their advice. This meant that people were supported to maintain optimum health and receive appropriate on-going health care services.

We found people's nutritional needs were met. The assessment on admission identified whether people had any issues which would affect their nutritional intake. For example, whether there were concerns with loss of appetite, swallowing difficulties and whether any special diet was required. Information about people's dietary needs were passed to the chef. We looked at menus and spoke to the chef on duty. The menus were varied and choices were always available. The chef was able to demonstrate his knowledge of people's

dietary needs and identified people who needed special diets or who had swallowing difficulties. Staff told us they checked each day to see what choice people wanted for their meals at lunch and tea time and provided alternatives if required. The menus were detailed and provided in written and pictorial formats. We saw records which showed that the provider had recently engaged the services of an independent nutritionist to complete a menu review. People who lived in the home told us that they attended catering committee meetings which resulted in action points being identified which acted as a catalyst for ongoing improvements.

We observed the lunchtime experience in the dining room was relaxed and had a social atmosphere. We saw that the provider and a staff member had joined the people for lunch and were chatting to them as they ate. We noted that the chef spoke with people during the meal to make sure they were enjoying the food. People told us the food was good, plentiful with lots of choice. Staff told us that people could choose to eat their meals in the dining room or their bedrooms or go out with family and friends. People told us the meals were wonderful, well cooked, well presented and most appetising. People's relatives reiterated these comments and one person said "It's like a five star restaurant".

People's weights were monitored on admission and at regular intervals during their stay at the service. People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on a food and fluid intake monitoring charts.

The building had wheelchair access. There was a range of communal rooms inside the building and bedroom areas were equipped to suit the needs of each individual who resided at the service.

Is the service caring?

Our findings

People who lived in the home told us that staff were "Lovely, kind, caring and special people".

Relatives said they felt the staff were second to none and they really cared about the people who lived at Heathfield. Comments included "Heathfield is a very warm, friendly and homely place with excellent understanding of people's needs", "All the staff are approachable and caring", "One member of staff spends her break with my (relative) and shares a banana with her". "The chef is very caring. We were having a meal at one of the home's wonderful restaurant evenings when relatives are invited to join the resident for a meal. On such an occasion the chef wandered past and said to (relative) 'I can see you are enjoying that soup, I made it especially for you'. Her face lit up she was delighted". "The management and staff always demonstrate a really open and caring culture. Staff are all keen to include us and our family as part of the caring process and we are always made most welcome when we visit", "All the staff are hardworking and clearly care for the residents treating them with dignity and respect even when faced with challenging behaviour" and "Staff are efficient, approachable and caring. They have excellent rapport with all the residents, as a family we often find ourselves saying how lucky we are to have found this marvellous, caring, happy home".

We saw that staff were attentive and caring. Although staff were busy all the time they responded to individual requests with good manners and patience. We saw that people enjoyed conversations and jokes with staff. Staff told us that they obtained information from people who lived in the home about their social history as well as likes and dislikes in order to speak with them about topics they enjoyed. The provider gave an example of the caring attitude he required from staff. He said "Our value based recruitment procedures and behaviour based reward and recognition system ensures that the staff have and are developed with the caring qualities that reflect the homes approach and culture". A relative said "They fully understand her choices they even know what type of biscuits she likes and make sure she gets them". Throughout our inspection we saw staff interact with people in a kind and considerate way. For example one person who was asleep in the lounge area was woken gently by a staff member to tell them that lunch was ready. Staff supported this person into the dining room and sat with them to ensure they were able to eat their lunch. Staff showed awareness of another person's distress and immediately identified that the person had to have her handbag with her at all times and if she did not have it she became very anxious. The handbag was quickly found and given to the person. This showed staff understood and quickly responded to peoples individual emotional needs.

There was a warm cosy atmosphere within the home and it was clear that a lot of thought had been given to creating as homely an atmosphere as possible. We saw that alterations had taken place to enhance this atmosphere to include some inner walls being knocked through to enable people to sit together in a lounge/ garden room. We saw staff asking people if they wanted the television on or just read or listen to music. We saw that some people requested music to be played and we noted that staff asked them what kind of music they preferred.

People told us that staff treated them with dignity and promoted their privacy. One person said "Staff are

gentle and courteous. They never shout to each other, they always include me in their conversations. They know I am quite a private person and respect me for that". People told us that staff always made sure that people were 'well put together'. One person said "I may be old but I love to dress up and look my best. These girls (staff) make sure I have co-ordinated outfits together with my matching jewellery. They really care about me, I know that". A relative said "Her key worker co-ordinates her clothes she has everything matching and always looks lovely and very well cared for".

We saw that staff ensured that people were able to express their views and feelings, either on a one to one basis or in a group so that they knew and understood things from their perspective.

One person told us about their key worker who they said they trusted and felt that this staff member really understood the person's needs and cared deeply about their well-being. They said that staff would talk to them about day to day issues and made sure any conversations were uninterrupted.

We looked at a copy of 'The Heathfield News' which was a monthly newsletter provided to the people who lived in the home and their relatives. People told us that the newsletter was an excellent way to share information and keep people fully up to date with current events. Relatives said they looked forward to receiving a copy of this newsletter as it was 'informative, fun and demonstrated that the home was a caring place to live in'. Examples of the information contained included information about Warrington independent advocacy service, photographs of newly appointed staff, people's forthcoming birthdays and dates for your diary.

We saw that where appropriate people had an advocate. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual. Staff spoken with demonstrated full understanding of the role of an advocate. They told us that this encouraged people to remain autonomous. They said one person had used an advocate in the past and felt they were needed again. Records showed that this had been requested. It demonstrated that staff were proactive in supporting people so that their views and opinions were constantly heard.

At the time of our inspection end of life care plans were in place for some people who lived in the home. Staff showed us the processes and resources available to individuals who required this specialist care. There were regular assessment and reviews by nursing and medical staff and individual care plans which would outline the end of life preferences of the person and their family. Staff had completed training so that people were provided with appropriate end of life care. We saw that care plans identified individual wishes and staff worked collectively with the GPs and district nurses to ensure these wishes were carried out. One person told us that their relative had been assessed by health care professionals as requiring end of life care. However they told us that due to the outstanding care and support provided by the staff of Heathfield this person no longer required this care and was 'better than we ever would have expected'.

Comments from visiting health and social care professionals were very positive about the caring atmosphere within the home. Comments included "Staff have an excellent understanding of dementia and offer care compassion and love to the residents and their families" and "The real beauty of Heathfield is the simple fact that the owners and staff constantly refer to it as a 'Home' in the truest sense of the word. You cannot believe how good it is to hear and then see that philosophy in action".

Is the service responsive?

Our findings

People who lived in the home and their relatives told us that they felt that staff provided the right amount of care and support to meet individual needs. Comments included "I am happy with the care and support I get. Staff provide me with the right amount of help, when I need more I get it", "She is settled, content, well cared for and stimulated", "Staff do not treat these people as old people, they respect them for who they are and are mindful of their hobbies, interests and rights for a good life quality", "It's a minor miracle how she has settled in, everyone is on the same page to ensure she gets person centred care".

The staff used an admission process to make sure that admissions were coordinated, individualised and focused on the current need of the person. We were shown written feedback from relatives that supported what we were told. "...the way you handled Mum's move was first class and reassuring for us." and another person wrote "it is a testament to you and your team that she was so comfortable about moving in that it happened so quickly".

We saw that staff shared important information with other professionals about people when they were being admitted to the home or transferred to hospital to make sure their care was coordinated. Comments from a visiting health care professional identified that the service was responsive to people's changing needs and shared need to know information with other professionals to ensure effective care was provided which was responsive to changing need. Comments included "Staff are very organised and responsive to people's needs. They are very helpful and always give me up to date information".

Staff worked with people who lived in the home and people's relatives to establish effective methods of communication so that individuals could be involved wherever possible in their care and treatment. Each person had a plan that was personal to them. The provider was involved in a pilot called 'Portrait'. This was a project to support people living with dementia and to act as an external communications bridge between carers, the people they supported and their families. Staff told us that the project enabled them to gain more information about people and also to establish forms of communication which could stimulate discussion. We saw that software had been developed through the creation of 'Portraits'. The home had provided small screen electronic tablets in each person's room with a large computer screen in the lounge area. Relatives told us that they were able to send photographs and messages to the 'Familiarity Frames' at Heathfield to update people who lived in the home about significant family events.

If a person who lived with dementia could not verbally communicate, other communication methods were used. These included verbal and non-verbal methods including pictorial cards. These communication aids were based on professional guidance. The plans were also used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at held all relevant and up to date detail to enable the person reading it to provide care appropriate to the wishes, choices and capabilities of each individual.

The plans were reviewed regularly so staff knew what changes, if any, had been made, especially when the GP or visiting professional had visited. Staff used recognised tools for people at risk of: pressure sores

developing, risk of falls, nutritional status etc. Assessment tools were always completed on a regular basis by staff to help provide the most appropriate updated guidance and care for each person living at Heathfield. People told us that their care plans accurately reflected the care they wanted to receive such as when to have a bath, what level of personal care they requested and what activity they wanted to take part in.

We saw that everyone living in the home was provided with a keyworker who had a particular responsibility to get to know the person. The registered manager told us that she tried to ensure that people were matched with the right key worker to enable them to have common interests. Staff told us that they were really able to get to know people well and understand what made them happy. We saw one member of staff assisting a person to put on their jewellery. They told us that this was one of the person's daily routines and it was very important that this happened every day. A relative of a person who lived in the home said "I think her keyworker knows her needs and wishes much better than we do. We cannot thank her enough for all she does to make (relatives) life so good". Another relative told us "The staff offer one to one time and a recent development has been 'Friday in the kitchen' with her joining the chef baking bread and cakes etc. This has been extremely beneficial towards (relatives) development. It is drawing on her long term memory and experiences, a time when she was an accomplished baker".

Relatives of people who lived in the home told us that the provider arranged dementia awareness evenings to give them a better understanding of the needs and actions of people who were living with dementia. People said this had been most useful and enabled them to respond most positively during visits to the home. One relative commented "We are encouraged supported and advised; where else would offer a gentle, but skilled evening discussion about coping skills when faced with dementia of your loved one. We were amazed and have taken on board several tips that greatly enhanced our visits and eased our concerns".

People who lived in Heathfield and their relatives told us they were involved in discussions about the care provided. We saw that people or their representatives had signed the care plan. Relatives of people who lived in the home told us that they were always consulted about the care and support provided either by face to face discussions or telephone communication. In written feedback that we were shown we noted many positive comments that supported what we told. One person wrote: "(name of person) care plan is not prescriptive, it is ever evolving, her moods can change several times over one day, but in our experience, you have proved, time and time again, that your team can adapt to satisfy whatever may be required". They said that they also were provided with regular summary reports updating them on people's well-being and care provision. Relatives told us they were welcomed into the home and encouraged to visit their loved ones. They said "We feel very much a part of this home; we are treated as well as the people who live here. It's a pleasure to visit".

Care records we looked at included information about significant others, nutrition, communication, person care, mental health, emotional support and end of life wishes. In addition there was a section which identified the wishes, choices and goals people wanted to achieve. We saw that the home used 'If I could I would' form which held details of the wishes expressed by people who lived in the home as what they wished they could do. We saw that the staff worked hard to make some of these a reality such as going to a tea dance, cookery masterclass or a local swimming pool. Whilst these may be relatively straightforward activities, for the people concerned they represented significant challenges and we could see how much it meant to the people to have their wishes fulfilled.

We saw records and photographs of the activities and events arranged by the provider. These included workshops on art, craft, cake decorating, music, gardening, IT skills, quizzes and exercise. The home had

created an 'old fashioned' shop front and had artefacts such as an old gramophone, a typewriter and sewing table to stimulate interest and conversation. The home also used innovative computer programmes such as a virtual guided tour of London being undertaken via Google maps. Relatives told us that they were invited to 'restaurant events' in which they were able to dine with the person who lived in the home and make it a special occasion. They told us that this was an excellent way to relax and enjoy a meal with their loved ones as a family occasion. We observed an activity taking place during our visit and noted that all but five of the people who lived in the home joined in. We saw them taking part in gentle exercise followed by an interactive quiz. People were seen to be laughing and enjoying themselves and they said they really enjoyed the many activities which occurred in the home. One person told us they liked cooking and were able to cook alongside the chef. We saw that as well as group activities, staff arranged individual activities such as shopping trips and pamper sessions. We noted that staff used the person's social history to look at individual hobbies and interests and arranged individual activities to suit their needs such as walking, cooking, and flower arranging.

Staff told us how they promoted social inclusion. We saw that a staff member had undertaken the lead in social inclusion and linked in with organisations within the local area to arrange community activities and group visits to the home. They said that they were aware that social isolation could increase the chance of mental illness, particular depression and as a consequence they wanted to offer stimulating and challenging activities which were compatible with individual interests and abilities. We saw an activity booking list that identified the involvement of local community organisations within the home. Organisations such as army and air cadets, community library service, history groups, school choir and people from the local church were all regular visitors to Heathfield. People told us they suggested ideas and could choose which activities they could participate in and always looked forward to all these visits. This ensured that people who lived in the home felt respected and that they were integrated in the wider society.

We spoke with the local vicar who had been appointed as Chaplain of the home. She told us that local children visited the home and played musical instruments and took part in church services. She said that monthly communion occurred and staff of the home embraced people's individual spiritual needs.

People told us and records showed that the home arranged resident and relatives' meetings where their views and opinions were listened to and they could implement change. An example of this was discussions around menus and activities provided within the home.

People told us that they would go to the registered manager or provider if they had a concern. People knew about the complaints procedure but told us they had never had reason to use it. The registered manager told us that they had managed 5 complaints within the last 12 months relating to laundry issues. We looked at the complaints records and saw that all complaints had been managed in accordance with the home complaints policy and the laundry issues had been resolved by a new laundry system being designed and implemented.

Is the service well-led?

Our findings

People told us that the home was amazing and the registered manager and providers did all they could to ensure the home was run in the very best interests of the people who lived there. Comments included "The home is management driven to provide a high quality service", "The management and staff always demonstrate a really open and caring culture" "Staff and management listen well and communicate effectively" and "Very hands on management the service is extremely well-led".

Heathfield had a clear company vision statement "To enrich the lives of our residents, many of whom are living with dementia, through the provision of personal, dignified high quality support for the whole person". The registered manager told us that this vision, culture statement and values model of the home underpinned the open management style. We saw that individuals' specific roles, objectives and development were tracked, monitored and supported in supervisions and annual performance reviews. Staff told us that they were proud to work at the home as 'it provided a lovely caring environment' and they also told us that there was a positive culture where people living in the home remained at the heart of everything they did.

Staff told us that the registered manager and the providers walked around the home and assisted with the care component if required. They said they also observed practice and gave advice if needed. Staff said the registered manager was approachable and made staff feel valued and empowered. Comments included "We work well together as a team; the owners are here all the time and we all get on" and "The owners care about the people who live here. They sit with them and listen to what they have to say, do activities with them and sometimes join them for lunch". One staff member said "This is a small, hands on, owner led service in which the view and wishes of people who live here are paramount".

.Staff told us that regular staff meetings were held and they said their views were listened to. They told us that they were not afraid to speak up and make suggestions for change or improvements to the service. We viewed minutes of these meetings and saw that they were arranged at specific times to accommodate staff on each shift. Agenda items included thanks to staff, review of training, key worker role, resident issues and competent care workers assessment.

Minutes of senior carers and management meetings identified that the agendas included discussions about achieving and maintaining high standards. The registered provider told us that all staff of the home acted with integrity and ensured they did not compromise on making sure they did the right thing for people who used the service. He said staff were honest, open and transparent about all decisions.

Records showed that the home held a twice yearly cheese and wine focus group for relatives and friends of the people who lived in the home. Staff told us that this was an informal meeting with people to enable them to give their views about the staff and services provided. People who attended these meetings told us that they were encouraged to speak their mind and make suggestions for any improvements for the future.

We saw that management checks were completed to maintain the safety of the premises and in addition regular audits were carried out by the registered manager, provider and external consultants. Outcomes were recorded and any action plans developed to remedy shortfalls. We were shown a detailed analysis of trends on important risk areas such as falls, infection control and medication errors and we saw that this analysis was used to inform changes in practice or to individual care plans. .

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. The provider maintained a comments book in the entrance hall of the home in which visiting family members and professionals were encouraged to record their feedback. We saw the comments book and results of recent satisfaction surveys which held most positive comments about the staff and services provided. One comment we saw stated "Heathfield appears to us to be exceptionally efficient and well managed"

We saw documentation to show that staff received good development opportunities and they told us they felt very much a part of the home and included in the running of the service. Staff had been given the opportunity to take lead roles in addition to their normal role to specialise in key areas of service delivery, these included; medication, nutrition and activities. They said and we were able to confirm that this benefited staff development and increased individuals knowledge and skills in areas such as dementia care mapping and end of life. We saw that staff were asked to complete questionnaires on their vision of the service and how it could improve and of how they could develop innovative and creative ways of how they could enable staff and people who lived in the home to be further empowered. This had resulted in a number of new means for resident engagement such as the introduction of a shop front for people to visit, theme boards and displays to encourage people to engage with topical events for example Wimbledon tennis, Oktober Beerfest and bonfire night. The use of Portrait software mentioned in the Responsive domain had been implemented and used to reminisce with people who lived in the home to learn more about their history and find out how they wished the home to be run.

Heathfield had a detailed business plan which described the provider's aims and objectives with distinct pro-active plans being implemented in respect of responsibilities and action dates. This ensured the provider focused on continuous improvement for people by regular assessment and monitoring of the quality of the staff and services provided. We saw records to show that relatives of the people who lived in the home were welcomed to join the management meetings if they felt they had anything to contribute to enhance the running of the home.

The provider told us and we were able to confirm that the home had contributed towards the Skills for Care recently published Culture for Care Toolkit which used examples of the work at Heathfield to demonstrate best practice for other providers. As part of the providers commitment to improving the quality of care across the sector, the registered manager told us that both she and the providers attended meetings with Warrington Borough Council to discuss current trends. She told us that the home had been part of the council consultancy panel in respect of a care cost review. This commitment was further demonstrated with other partnership working included working with Warrington Health Plus in respect of their health care pilot scheme and Northern College for Further Education to facilitate staff training in dementia.

We saw that the provider was also committed to the future development of the care sector and was participating in a research project with Dundee university to look at how the built environment impacted physical wellbeing in care homes. The provider told us "We are very interested to assist with the Built

Environment for Social Inclusion through the digital economy (BESiDE) project as a Partner. Through this partnership we hope that the flow of information can be a two way communication process as we collaborate in ways which will help us to further develop our building to facilitate innovative ways in which we can improve the lives of our residents".

The home had a monthly excellence award to reward creativity, innovative thinking or behaviours which supported the culture within the service. As a consequence this had created innovative means for people's engagement such as an old fashioned shop front, theme boards and displays to encourage people to engage with topical events. We saw that these awards were shared in the Newsletter and were obviously valued by staff.

People told us that the registered manager had proved to have good leadership skills and had sustained track records of delivering high standard. Comments included "She is a very good manager that is why this place is so good" and "She keeps up to date with all the necessary training and is up to date with all best practice. I cannot fault this place, it is so well run".

The provider had a strong management ethos of being open and transparent in all areas of running the service and they had historically delivered a consistently good performance in meeting Regulations. We received nothing but positive comments from the many people who contributed information about the service who told us the home was very well run in the best interests of the people who lived there.