P S P Health Care Limited

Heanton

Inspection report

Heanton
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection was unannounced and took place on 10 and 13 November 2014. There were 49 people living at the service. When we last inspected on 28 July 2014 in response to some concerns raised by family whose relative lived at Heanton, there were a number of areas where improvements were needed. These were breaches in regulation and included care planning, infection control, equipment, staffing levels, records and quality assurance. Following this inspection the registered manager sent us an action plan showing how she intended to make improvements and provided a timescale for those improvements. We used this information as part of this inspection to check how well embedded any new ways of working were and whether this had impacted on the quality of care and support people were receiving. At this inspection they had addressed all the areas that needed improving.

Heanton is registered to provide nursing and personal care for up to 58 people. The home is divided into two units, Williamson unit on the ground floor and Chichester unit on the first floor. Both units provide nursing care for older people living with dementia with the Williamson unit supporting people with higher physical nursing needs.

Summary of findings

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some relatives fed back that the service was not always responsive to people's needs and we observed one incident which could have been prevented if staff had been more responsive and ensured a staff presence in the dining areas at the start of the meal time. The registered manager agreed to address the issues identified.

Since the last inspection, there had been improvements in infection control and in ensuring the environment smelt fresh and was clean. The provider had replaced much of the old flooring and some of the furnishings, which had improved the appearance and odour at the home. Staff were aware of the infection control policies and procedures and were following them to help prevent any spread of infections. The registered manager had ensured there was a 'breakout box', which detailed what staff needed to do in the event of an outbreak of an infectious disease.

Bathroom facilities were being upgraded. The service were in the process of completing a refurbished wet room on the ground floor and there were more plans to refurbish other bathroom areas to enable people to have more accessible washing facilities in clean and comfortable bathrooms. Wheelchairs were being cleaned and maintained along with other equipment and systems were in place to ensure this was checked.

Care was well planned and being delivered by a staff group who understood people's needs. Staff were available in sufficient numbers and had the experience and competencies to work with people with complex needs. Our observations showed staff providing care and support in a kind and compassionate way. Staff had on going training and supervision to ensure they were working effectively. Where issues were identified with staffs' attitude or ethos, this was picked up quickly and actions taken to address any concerns.

People were assisted to engage in a variety of activities with two full time activity coordinators. This service had been expanded to cover evenings and Saturdays. There was an activities room with a wide range of equipment to help stimulate memories and discussion.

People were supported to enjoy a relaxed mealtime. Where people needed support to eat and drink, staff provided this in a kind and respectful way.

There was a strong management team in place which staff and relatives had confidence in. Staff felt their views and opinions were listened to. Systems were in place to review the quality of care and support being delivered and to gain the views of people, their relatives and staff to help improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was sufficient staff who had the right skills and experience to meet the needs of people.

Medicines were well managed and audited to ensure people got their medicines on time.

Staff understood the importance of safeguarding people from abuse and the recruitment process was robust.

Is the service effective?

Good

The service was effective. Consent to care and support was considered and acted upon. Staff understood the importance of upholding peoples' rights and working within the Mental Capacity Act 2005.

Staff demonstrated skills in understanding people's ways of communicating in order to ensure choice was given where possible.

People were supported to eat and drink in an unrushed and relaxed way.

Is the service caring?

Good

The service was caring. People's relatives gave positive feedback about the caring nature of staff.

Staff were particularly caring in the way they worked with people with complex needs, showing compassion and patience. This included the delivery of end of life care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. A few areas were identified where the service could be more responsive to people's needs, which was being addressed by the registered manager. This included ensuring staff maintained people's respect and dignity at all times, ensuring people were clean and tidy following meal times.

People's concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well led. There was a strong management and leadership team whom the staff and relatives had confidence in.

Systems were in place to review the quality of care provided taking into account the views of people, their relatives and staff.

Summary of findings

Improvements had been made in ensuring the environment was clean and infection control procedures were followed. Systems were in place to ensure the service was safe and quality monitoring was embedded.

Heanton

Detailed findings

Background to this inspection

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

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 10 and 13 November 2014 and was unannounced. On the first day the inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. During the first day we spent time observing how care and support was being delivered and talking with people, their relatives and staff. This included 16 people using the service, five relatives and friends or other visitors, and 18 staff. This included care staff, chef, domestic staff, registered manager, nurses and the administrator.

On the second day, one inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and support. We looked at 12 care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at five recruitment files, medicine administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection to spoke with a further two relatives and three health care professionals to gain their views about the service. Healthwatch (Devon) also provided us with some information. Healthwatch is a national consumer champion representing the views of people who use health and social care services.

Good

Is the service safe?

Our findings

When this service was last inspected in August 2014, there were a number of breaches in regulation which showed the service was not always safe. This included there not being enough staff for the number and needs of people at the home. There were also breaches in the way the service was managing infection control. We asked the registered manager to send us an action plan showing how and when they intended to be fully compliant with the breaches identified. The registered manager sent us a comprehensive action plan and kept CQC updated with progress on each area.

Staff had received training in understanding abuse and understood the types of abuse that could occur and what they should do report any concerns. One nurse said ''The information is posted up there (notice board in office) for us to refer to if we need to make an alert. We would normally discuss with the manager first and she would phone the relevant bodies.'' Staff said they were confident their concerns about any potential abuse would be treated seriously and be dealt with.

The registered manager had been proactive in making alerts and dealing with those alerts where the local safeguarding team had asked her to do so. An audit trail showed how any concerns about possible abuse had been investigated and followed up. For example following information from an alert, the registered manager had highlighted where poor practice had occurred and provided additional training for the staff.

Not everyone was able to verbally share with us whether they felt safe. This was because of their dementia/ complex needs. Most people appeared relaxed and moved around the units they lived in. One person liked to sit in the staff office and a nurse told us ''She enjoys being in here, makes her feel part of the staff team and as long as one of us is in here too, it's not a problem.'' The nurse indicated this gave the person a feeling of being safe.

Staff were able to describe how they provided care and support to people in a way which ensured their rights were fully protected. For example for one person, they were clear about wanting to spend much of their time in their own room. Staff respected this wish and made regular checks on them to ensure their safety, comfort and well- being.

Where risks had been identified, these had been assessed and measures put in place to reduce the possibility of the risk occurring. Risk assessments were in place for falls, pressure damage, and poor nutritional intake. These were reviewed monthly by the nurse team and any actions to reduce risks were also reviewed. Where people were unable to use a call bell for example, but may be at risk of falling in their rooms, pressure pads were used to alert staff the person was moving, so they could quickly check their safety.

At the last inspection it was noted that there was no emergency evacuation plans in place for people. These had now been completed for everyone and were held at the front of people's care files for easy reference.

Medicines were stored safely in a locked medicines trolley within a locked office.

Medicines were supplied to the home in a series of colour coded blister packs so that the nurses could easily identify which period of the day the medications were prescribed for. They were stored in an orderly and uncluttered fashion. The trolley was clean and free from any excess stock. Systems were in place to ensure people had their medicines at the time they needed them and in a safe way. We observed a member of staff administering medicines and they used the correct procedures as detailed within the service policy. Staff confirmed they had received training and updates on administration of medicines.

Audits had been carried out in the receipt administration and returns of medicines, the last having been completed in September 2014. This meant the systems in place were safe and the quality was being regularly monitored to ensure standards were maintained including the controlled drugs. These were stored safely and control drug audit's had also been completed to ensure staff followed the correct procedure of having two signatures when administering controlled medicines.

There were arrangements in place which increased the safety when managing medicines. For example, pictures of people were placed on their drug charts which helped temporary or new staff identify people correctly. The procedure used to dispose of medication was safe and effective.

Good

Is the service safe?

Equipment was fit for purpose, for example all hoists and specialist beds were clean and serviced in date. Portable electrical appliance testing had been completed and the registered manager informed us it was all up to date. This was identified as an issue in the previous inspection.

Equipment was checked and cleaned, for example, there were cleaning schedules for wheelchairs which were checked and cleaned at night, although there were some gaps in the records for this. Equipment was stored safely; hoists for moving people were stored in people's bedrooms and wheel chairs stowed in certain storage points. This had previously been highlighted as an issue in the last inspection.

There were sufficient staff with the right skills and experience to meet the needs of people throughout the day and night. On each unit there were five care staff and one nurse per shift. The staffing included an activities team. This had been extended to cover up to 8pm on week days and on Saturdays. One relative told us ‘‘There is enough staff to look after my Dad. It doesn’t matter what time of day or which day of the week, there is always enough staff to care for him. The staff always have time to talk to us and answer our questions. If Dad wants a drink or a biscuit he only has to ask and he has it instantly.’’ The registered manager said that if people’s needs had increased, she could assess their dependency and increase staffing levels accordingly. They had enough staff to cover shifts and if needed could use agency staff to cover sickness where their own bank staff were unable to cover. Staff confirmed staffing levels were better and there were fewer occasions when staff sickness was not covered.

The home had appropriate recruitment procedures that ensured staff were safe and suitable to work in the home. Recruitment files showed all staff had completed an application detailing their employment history. Each staff member had two references obtained, and each staff, member had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records showed where an interview had taken place, ensuring the staff member was appropriate for the role.

All the staff had signed to confirm they had read their job description and description of duties and a confidentiality agreement. Staff had completed an induction check list. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home.

There were systems in place to ensure people living at the home, staff and visitors are protected from the risk of infection. This included assessments of the risks to people receiving care in relation to the control of infection. For example four care plans detailed how to prevent the spread of diarrhoeal illness.

The home was clean and had processes in place to maintain a clean environment and prevent the spread of infection. There were daily comprehensive cleaning schedules which were signed by staff for the kitchen and general areas of the home. There were hand washing facilities and full soap dispensers in all the rooms we visited. There were also hand washing posters and hand gel in communal areas of the home. Protective equipment (gloves and aprons) were available at strategic points throughout the home. This had previously been identified as an issue during the last inspection.

Staff said and records showed they had all received infection control training. Care workers described how they were supported by trained staff and outside agencies during a recent diarrhoea and vomiting outbreak. Staff were aware of the policies and confirmed they had read them. The staff had developed an outbreak box to assist them with swift control if an outbreak were to happen. This included all the information staff needed to alert people and what procedures would need to be followed to contain the outbreak. This was cited in the main reception area.

Good

Is the service effective?

Our findings

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/ complex needs. Relatives were positive about most aspects of care and support. One said ''It is really good here, I've no complaints at all.'' Another relative commented ''There is nothing he needs that he doesn't have.'' Some relatives said they felt the staff understood people's needs but that care and support was not always individualised. One relative said they would have liked their relative to go out on trips and another said that ''although staff try their best, it is not like the care they get at home.''

Staff received training in all areas of health and safety to ensure they could do the job safely and effectively. New staff received an induction programme which looked at all aspects of care, support and protecting vulnerable people. The induction included working alongside more experienced staff to learn the role. One new member of staff was being supported by a senior care staff. They talked them through each aspect of the task and explained why they needed to wear protective clothing and how people should be supported to eat their meal.

Staff were skilled in their work. They were able to describe how they provided support based on people's assessed needs and their individual choices and preferences. People were able to make choices, such as when they got up and where they spent their time. People were supported to move to quieter areas of the home when they found the noise of others was disturbing them. Staff were observant in respect of people's non- verbal communication and offered reassurance to people when they looked distressed, unhappy or were expressing their views. One person was due to be assessed by the community nurse, but appeared anxious and was unwilling to go to their room for the examination. Care staff spent time encouraging the person in a way which built up her confidence to be examined by somebody she considered to be a stranger.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant

Staff were able to give examples, and we saw, how they gained people's consent. For example, staff asked people if they were ready and wanted to be assisted to eat and drink. Staff explained what each spoonful of food was, checked people were ready, comfortable and consented to the support being offered. When people needed support to move safely, staff gained consent before using equipment to assist people.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the MCA to ensure any decisions were made in the person's best interests. Mental capacity assessments detailed the specific decision the capacity assessment had been completed for. For example, one covert medicine plan which had been completed as part of a best interest decision was signed by the GP, relative and nurse in charge as people who understood the person and their current needs best. This was clearly presented on the front of the person's medicine administration record so everyone was aware and clear of the procedure to be followed.

Staff said they had received some training in Deprivation of Liberty Safeguards (DoLS) and understood they should not deprive people of their liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager explained they were in the process of making applications to the DoLS assessors for specific people to ensure they were providing the right care and support in the least restrictive way. There were two people currently subject to this type of safeguard.

People were supported to eat and drink and maintain a balanced diet. Systems were in place to ensure those who were at risk of poor nutritional intake, were monitored and supported to eat and drink at regular intervals. Records were kept of the amounts people ate and drank, although these were not always completed by night staff. We fed this back to the registered manager, who had arranged to meet with night staff to discuss their role. She had also employed a new nurse who was going to take responsibility for being the team leader for the night staff, to ensure they all understood their role, including completing records in relation to what people ate and drank.

People were assisted to eat and drink in a relaxed and unhurried manner. Staff sat with the person and spoke to them whilst assisting with eating. Where someone had

Good

Is the service effective?

taken a long time to eat their meal the care staff offered to warm it up or asked if they would prefer to try their pudding instead. Where people had been assessed as having a swallowing difficulty or were at risk of choking, this had been clearly identified in the care plan. They had been referred to a speech and language therapist for assessment and guidance for staff when assisting them. For example some people had their drinks thickened to prevent choking.

Some people had been prescribed supplementary drinks to increase their calorie intake because of weight loss. One care staff described how they offered extra portions and milky drinks as additional measures to increase calories for people. Where people were agitated or sleepy during the meal time, staff acknowledged this and left them for a while and then went back to try to assist them with eating at a later time. Staff understood the importance of ensuring people were assisted to eat and drink where this was a problem for them. One care staff said ‘‘We take our time. There are plenty of staff and we don’t have to hurry them. Some take longer than others but we think it is important that they get their nourishment.’’

Daily records and staff handovers showed that people’s health care needs were closely monitored and advice and support was sought from the GP or other healthcare professionals as needed. We spoke with one visiting healthcare professional who said ‘‘Staff are very good at alerting me to any issues.’’ A GP visited the home weekly to review people, but a GP consultation could be requested at any time if someone needed more urgent attention.

Good

Is the service caring?

Our findings

One relative said ‘‘I am satisfied that my Dad is well looked after. He is having all the care and attention he needs. I know he gets treated well and I know he is happy here.’’ Comments from relatives who sent thank you cards were always very complimentary about the caring attitude of staff. One said ‘‘I cannot begin to thank you for all the care, dignity and respect that you have shown our relative during his time with you, how you all dealt with his challenging behaviour.’’

Staff knew people’s needs and what may trigger them to feel agitated or distressed. For example, the nurse in charge described who may find the inspection teams’ presence distressing and what we should do to minimise this.

One person called out constantly for attention. The care staff answered the person on each occasion. They showed patience and respect to this person. One staff member spoke compassionately about one person describing how they had been a war hero and how they had supported him to join in the remembrance service which had occurred they day before. They said ‘‘This is very important to them, he got very emotional as it is important to him and we understand this.’’ Another staff member saw that one person was becoming distressed by the noise being made by another person and asked them if they wanted to move to a quieter area. Some staff were particularly skilled at picking up non-verbal cues from people and offering care and support in a way that provided comfort and reassurance.

Staff were able to describe ways in which they supported people to make decisions about aspects of their care. For example one staff member said ‘‘Even though some people cannot voice their choices to us, we still ask them what they would like to wear, sometimes it’s nice when you get a smile in return.’’ Care plans included information about how to support people in making choices. Staff provided care and support to people in a way which upheld their respect and dignity. For example when offering support to help someone to go to the toilet, the staff did this in a discrete way. People who needed to be hoisted were shown compassion and respect. Staff explained each step of the process and adjusting clothing to ensure dignity was maintained.

Nursing staff had received training on end of life care as had some care staff. Staff said they checked people in their rooms at additional intervals and one care staff said ‘‘We do try to ensure families are aware if someone has deteriorated and is at the end of their life, if families are not available, we try to sit with them.’’

Requires Improvement

Is the service responsive?

Our findings

Most people living at Heanton would be unable to contribute to the review of their care plan or changing needs. However daily records and care plan information showed people's relatives had been consulted in aspects of their care, including their personal, healthcare and emotional well- being. For example where someone had lost weight and was not eating, a family had been asked about what meal options might encourage the person to eat more. Some relatives said they would like to be consulted more, but said staff did keep them up to date on healthcare issues and what sort of day people had experienced. There were a few examples of where staff were not always responsive to people's needs. One relative said ''I get worried sometimes when I come here and Dad's clothes are a bit mucky. He spills things down himself and, perhaps they might be a bit short staffed, but he would hate it if he saw himself like that. I have asked that they change his clothes more often. He was always so immaculate when he was of sound mind.'' We fed this back to the registered manager who said she would ensure senior staff completed checks following meal times to ensure people were clean.

We received some feedback via Healthwatch. The issue related to a person who had been admitted for respite care and their family was concerned that they had been placed in a room too far away from the nurse's office. They were later moved to another room. However, the family said this was done without any consultation with the person whose room their relative had taken. The registered manager explained that when people were admitted for emergency respite, they could not always guarantee there would be a room near the nurse's office. However, people were regularly checked throughout the night and equipment such as pressure mats would be used to alert staff if the person was up out of bed and may need support. She also said people were not moved without consultation with their families and with commissioners.

One relative said they felt they would have liked to see their relative go out on trips as all they ever did was sit in their wheelchair. The registered manager explained that the person was often awake in the night, meaning they were tired in the day. They were working with the GP to look at how to help them with this. Another family raised a concern about their relative being taken to hospital in the early hours of the morning without an escort from the home. The registered manger said she was looking into why this had occurred as it was normal practice for a care staff member to attend the hospital A&E with people to support them, due to their dementia.

There was one altercation between two people in the dining area just before lunch. There was no staff presence at the time as they were assisting people to come into the dining area. We fed this back to the registered manager who said she would remind staff to be aware of ensuring a presence in the dining area when people were moving around in this area.

Staff were working towards making care plans more personalised and included plans around meeting people's social needs. This included what people were important to them in their life, if they had a religion and any areas where staff could support social engagement. Some plans included information about people's known preferred routines and about their past life. One staff member said ''It's nice to know the person and not just their illness.''

Plans and daily records for people showed how staff supported people with their specific needs, including equipment to move around the home safely and independently and what aids were needed to ensure people can hear and see to the best of their abilities. Where people's faith or beliefs were known this was recorded and whether they continued to follow this faith. The activities programme included visits from local clergy and services of prayer being offered on a regular basis.

The service had a 12 hour shift Monday to Saturday to cover activities for people. Each day, people on the separate units were offered a variety of activities, which included music, sounds and memories and sensory stimulation. One of the lounges had been converted to an activities room with items from days gone by, such as a red telephone box, train sets and a seaside theme display. People were offered group and individual sessions in the activity room. There were also paid entertainers who came to the home to a regular basis. One of the activities coordinators said the evening sessions were working well. They tended to do more calming activities such as reading from classical novels and poetry to enable people to relax before their bedtime.

Relatives said they were able to raise their concerns. One said ''Since (the registered manager) has been here, things

Requires Improvement

Is the service responsive?

have really improved and we feel able to speak to her at any time about anything.'' The complaint's policy set out the procedure to be followed by the provider and included details of the provider and the Care Quality Commission. Where complaints had been made, these had been appropriately followed up and actions taken to resolve the issues. For example one relative raised a concern about a radiator not working in the bedroom. This was resolved within two days and in the interim, alternative heating was put into the room.

Good

Is the service well-led?

Our findings

Feedback received from relatives showed there had been an increased confidence in the leadership of the service since the current registered manager took over. One relative said ‘‘The fact her office is at the main entrance means she is more visible and we can pop in and speak to her.’’

Staff also gave positive feedback about the management of the home. There were two unit managers and a deputy manager who worked with the registered manager to ensure there were systems in place to review and monitor the quality of care and support. We were informed about planned improvements, such as a team leader for night staff to coordinate their work and ensure they were using the same systems as day staff to demonstrate good outcomes for people. For example, making sure night staff completed food and fluid charts and turning charts to evidence the care and support they were delivering and to monitor people’s progress.

There have been a number of safeguarding alerts in the last 12 months which featured aspects of the attitudes and values of staff working with vulnerable people at Heanton. The registered manager had responded to these appropriately and taken actions where needed. She had also notified the local authority and Care Quality Commission of various issues in a timely way and with comprehensive information.

Staff said they had meetings to discuss ways of working and to ensure people have care and support delivered in a way which respects their dignity. One staff member said ‘‘I am proud to work at Heanton, we work hard to deliver the best care.’’ Staff had one to one supervisions to discuss their working practices, challenges and training needs. Staff said they were confident that if they had ideas for improvement or wanted to raise an area of concern, their views would be listened to. Senior staff worked some night shifts to meet with night staff and help to understand their role, as part of an improvement plan for the service.

Systems were in place to audit the records, building, cleaning, medicines and equipment. A matrix was kept to audit staff training and identify any gaps. Where audits had identified issues, measures had been put in place to rectify this. For example, where medicine errors had occurred staff received further training and support to ensure they understood the role and tasks needed to follow the medication policy and procedure.

The provider completed annual quality surveys with people, their relatives and with staff. The results were collated and published for people involved with the home to see. Where any issues or themes were identified, these were acted upon. For example, the survey had identified there needed to be an improvement in the environment. The provider had therefore refurbished the conservatory, small lounge into an activities room and was in the process of refurbishing some of the bathrooms.

The registered manager said she held resident and relative meetings, the last one was held on 13th August 2014. The minutes of this meeting showed the registered manager was open and honest about the failings found in the previous CQC inspection report and discussed what they were doing to improve.