

Mrs P Mathauda

Headroomgate Nursing Home

Inspection report

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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?

Good 

Is the service well-led?

Good 

Overall summary

Headroomgate Nursing Home provides accommodation for up to 19 people who have nursing or personal care needs. The home is situated close to St Annes town centre and is a large corner property with a garden and paved areas around the building. There are three floors, two of which have lift access, two lounges and dining areas. Some bedrooms have en-suite facilities.

The service was last inspected on 9th December 2014. This inspection was carried out to follow up on warning notices we issued in October 2014, due to serious concerns we identified about the service at that time. During the inspection we carried out in December 2014, we found significant improvements had been made. However we had some outstanding minor concerns and found the service was not fully compliant with regulations in relation to care and welfare and quality assurance. The

Summary of findings

registered manager sent us an action plan setting out the action she intended to take to address these requirements. During this inspection we found that appropriate action had been taken.

This inspection was unannounced and took place on the 17th March 2015. At the time of the inspection we were assisted by the provider and 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.

The feedback we received from people who used the service, their relatives and community professionals was in general very positive. A number of people commented on how they felt the service had made great improvements over the last six months, particularly in relation to staffing levels, cleanliness and the general environment.

People we spoke with expressed satisfaction with the standard of care provided and the professionalism of the manager and staff. A community professional commented, "I have seen much improvement in recent months and I personally have much more confidence in the care provided at the home."

People who used the service, or their relatives felt that care workers understood their needs and provided safe and effective care. People were particularly complimentary about how the service met their or their

loved ones more complex needs and responded to any changes in their needs. People said they were able to make decisions about their care and were encouraged to express their views.

People's rights were respected. Where concerns were identified about the capacity of a person who used the service to consent to any aspect of their care, the key requirements of the Mental Capacity Act 2005 were put into practice to ensure people's best interests were protected.

People felt they were treated with kindness and respect by the staff team. People felt their privacy and dignity was respected and that they could express views about things that were important to them.

People were cared for by well trained and well supported staff. The registered manager ensured that all staff were supported to acquire the skills and knowledge necessary to carry out their roles effectively.

The provider and manager were described as supportive and approachable. People felt able to raise concerns and were confident any concerns they did raise would be dealt with properly.

There were processes in place to ensure that all aspects of the service were regularly checked and monitored, both by the manager and the provider of the service. This helped ensure that improvements would be maintained and that any further areas for development could be identified and addressed.

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?

The service was safe.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff about how to support people in a safe manner.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

People received their care from carefully recruited staff. Staffing levels were assessed in line with the needs of people who used the service to ensure they received safe and effective care.

Good



Is the service effective?

The service was effective.

People received effective care that met their individual needs and wishes. People experienced positive outcomes and gave us good feedback about the care and support they received.

Staff were provided with a good standard of training and ongoing support, to ensure they had the necessary skills and knowledge to meet people's needs effectively.

The registered manager and staff were aware of the processes to follow if there were concerns about a person's ability to consent to any aspect of their care. This helped to ensure people's rights were upheld in accordance with the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People who used the service told us they received their care from kind and compassionate staff.

Care plans of people who used the service reflected their needs, choices and preferences.

Good



Is the service responsive?

The service was responsive.

People's individual needs and wishes were taken into account in the way their care was planned and provided.

Changes in people's needs were recognised and addressed through responsive care planning.

People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Good



Is the service well-led?

The service was well-led.

The service had improved and now benefited from strong, consistent leadership.

People felt able to raise concerns and were confident these would be responded to effectively.

Good



Summary of findings

There were effective systems to monitor safety and quality and to identify potential improvements.	
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Headroomgate Nursing 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 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.

The inspection took place on the 17th March 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for an older adult who lived with dementia.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people who used the service or their relatives or friends. We also had discussions with the provider, registered manager, deputy manager, four care workers and the cook. We contacted five community professionals as part of the inspection, including a district nurse and three social workers. We also contacted the local authority contracts team.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service. They told us they felt they, or their loved ones received safe, effective care that met their needs. People's comments included, "Mum seems very safe with them. We are generally very reassured with this." And, "I used to worry, but now it's much better. This home now gives her more care and she is safer." Another person described how staff at the home helped her loved one to stay clear of infections, bed sores and falls or slips.

We asked people who used the service, or their relatives, if they felt care workers assisted them in a safe way. People told us that if they or their relatives needed help with showers or bathing for example, staff were careful to ensure their safety; One person described how she felt 'very ok' and could not recall any untoward incidents.

People told us they or their loved ones were relaxed and at ease with care workers and said they were treated in a polite and gentle manner. We observed a relaxed and friendly atmosphere during our inspection and noted that people who used the service appeared comfortable in the presence of care workers. One person told us they liked the home and felt at ease and safe there. A relative commented, "Staff speak nicely to him and they are gentle when helping him. They also seem nice to others."

We viewed a selection of care plans and found any risks to a person's safety or wellbeing in areas such as falling, nutrition or pressure sores were carefully assessed, using formal risk assessment tools. Where it was found that a person was at risk, additional care plans were developed, which provided staff with guidance in how to care for people in a safe and effective manner.

Care workers we spoke with were able to discuss the care needs of people who used the service and any specific risks to people's safety. They were able to tell us confidently about the care the person required and describe how they ensured people's safety and wellbeing was promoted.

We were able to confirm that action had been taken to promote people's safety and wellbeing by examining their care plans. For example, we viewed the care plan of one person assessed as being at high risk of falling. We found that staff had taken a number of measures to safeguard the person, which included the use of pressure mats to alert them if the person was mobilising.

We also noted that people's risk assessments and associated care plans were constantly reviewed and updated in response to their changing needs. For example, the care plan for one person, whose health had started to decline, reflected the increased risks they faced in a number of areas, including the risks of developing pressure sores.

People consistently told us they were confident in the staff to assist them with their medication and everyone we spoke with recalled this was always done properly and without error. One person said, "They're on the ball with the 'meds', everything gets done and charted." A relative described how staff at the home had been very careful to monitor the effect of changes to their loved one's medicines and had worked closely with community health care providers to ensure the medication was effective.

We saw that each person had a well detailed medication care plan in place which described their needs and the support they required to take their medicines safely. The care plan included any specific assistance the person required as well as other important information such as known allergies.

Information about people's 'as required' medicines was generally well detailed and provided staff with clear guidance about when the 'as required' medicines should be administered. However, we did find a small number of examples where this information could have been clearer. In discussion, the registered manager was able to provide evidence that she was in the process of improving the 'as required' care plans for every resident, to ensure they contained clear, up-to-date guidance.

There was a clear system in place for recording instructions about topical medications, such as creams and ointments, which included body maps so staff were clear about where they should be administered. This system was also used effectively for the recording of medicines applied through patches on the skin.

We found medicines were securely stored and generally well organised, including refrigerated and controlled drugs. On receipt, all medicines were recorded and booked into the home, so that stock could be audited on a regular basis. We viewed the Medication Administration Records (MARs) for everyone who used the service and found these to be completed to an acceptable standard, with no errors or unexplained omissions.

Is the service safe?

We carried out spot checks on a variety of loose boxed medicines (medicines not included in the blister packs made up by the pharmacy). We cross checked the number of medicines in stock against records. In all cases, these were found to be correct.

There were clear procedures in place, which provided staff with guidance in how to protect people who used the service from harm. These included information for staff on different types of abuse and guidance on how to identify warning signs that a vulnerable person may be the victim of abuse or neglect. Contact details for the relevant authorities were also included in the guidance, which was posted at various points in the home, so staff had the information they needed to refer any concerns to the correct agencies without delay.

Staff we spoke with were fully aware of the safeguarding procedures and demonstrated good understanding of the different types of abuse people in their care may experience. Staff also expressed confidence in the management team to deal with any concerns they raised effectively. When asked if they felt confident to raise any safeguarding concerns, one staff member replied, "Completely and utterly."

There had been a recent good example of a staff member using the whistleblowing policy to report an issue to the registered manager regarding bad practice. This was dealt with in a robust and timely manner by the registered manager. We were also able to confirm the registered manager made appropriate referrals to external agencies such as CQC and the local authority when appropriate.

We viewed a selection of staff personnel files. These demonstrated that a formal selection and recruitment process was routinely carried out by the registered manager, when employing new staff.

Records showed that all applicants were required to complete a detailed application form, which included a full employment history. A formal interview was also carried out to enable the registered manager to assess the candidate's suitability for the role they were applying for. Following a successful selection process, candidates were required to undergo a series of background checks which included references and a criminal record check. These measures helped to protect people who used the service from receiving their care from people of unsuitable character.

People we spoke with expressed satisfaction with staffing levels at the home. Several people commented on what they felt had been an improvement in staffing levels at the home in recent months, which they felt had resulted in a direct improvement in the standard of care.

The registered manager had a formal tool in place which enabled her to work out necessary staffing levels in line with the needs of people who used the service. She was able to show us several examples of when staffing levels had been immediately adjusted in response to changes in people's needs. This demonstrated that the registered manager constantly monitored staffing levels to ensure they were adequate to meet people's needs safely.

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the health care support they or their loved ones received at the home. There was both praise and appreciation for the way staff assisted people with health care and related sensitive care issues. One person commented, “Mum was ten days in hospital and she had a bed sore from that stay. Once she got to the home they helped her get rid of this and she’s had no UTIs (Urinary Tract Infections) since then either.” Another person spoke of the significant improvement in their loved one’s overall health since their admission to the service.

Both people who used the service and their relatives told us care workers would request additional medical services, such as a GP or district nursing at an early stage, if there was any indication this was needed. Relatives were particularly complimentary about being kept informed of any need for medical attention, including for instance following a fall or where an illness had arisen.

In viewing people’s care plans we found evidence of effective joint working between staff at the home and a variety of community professionals. We saw examples of input from a number of external workers, such as mental health specialists and district nurses. Records also showed positive outcomes for people in terms of their health care needs, due to the effective joint working between staff at the home and community professionals.

Staff spoken with demonstrated good understanding of people’s health care needs and satisfaction in the care provided. One care worker commented, “The nurses here are very hands on. There is lots of support and they know every resident so well, they can pick up problems quickly.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff we spoke with demonstrated a good understanding of the MCA and DoLS and were able to confidently describe processes they followed to ensure people’s rights were upheld. We viewed the care plan of one person for whom a DoLS application had been made. We were able to confirm that the correct procedures had been followed to ensure any restrictive care practices were lawful and in the person’s best interests.

A nutritional risk assessment was carried out for each person, which assessed the support they required to maintain adequate nutrition and hydration. A number of relatives we spoke with commented on the way their loved ones’ nutritional health was maintained by careful monitoring and support. One person described how their relative had put on a good deal of much needed weight and how their appetite had increased, since their admission to the home.

We joined people for lunch during our visit. We noted that the meals were well presented in a pleasant, spacious dining room. Staff were observed assisting people who required it constantly checking people were comfortable and satisfied.

We asked people who used the service about their meals and availability of drinks. All confirmed they enjoyed the meals and had enough or more than enough than they would normally eat or drink. People also said they had choices about what and where or when to eat. Their comments included, “It’s very good. The food is very good” “Yes, I’m quite happy living here. I’ve been here quite a while. The meals are good and there are plenty of drinks.”

We spoke with staff about how they ensured people’s choices about what they ate were promoted. We were advised that people who used the service were spoken with each day about their preferred menu choices and these were listed for the cook. We noted that to aid people who lived with dementia, pictorial menus were used to help them choose.

We saw that the menus at the home had recently been updated in line with comments and feedback from people who used the service. The registered manager had taken steps to ensure menus reflected the preferences of people who used the service. One person had commented that they would like to have an Indian curry every few weeks. As

Is the service effective?

no other person wanted this meal to be on the menu, the registered manager had made arrangements for the individual meal to be provided to the person on a regular basis, which he was extremely happy about.

Many people we spoke with commented on what they felt were major improvements in the service over recent months. One of the areas in particular that people had seen improvements was that of staff training. People told us that staff seemed properly trained and confirmed that they felt confident in the ability of the staff who assisted them or their relatives to provide general care and support as well as care in relation to specific conditions.

Records showed that all new staff were provided with a detailed induction, which included learning about the organisation and what was expected of them when carrying out their role. For care staff, induction training included principles of good care, which had been developed in line with national standards. We spoke with several members of staff who recently joined the service who all reported satisfaction with the induction process.

There were a number of further training courses which were classed as mandatory, so all staff were expected to complete them within specific timescales. These included important health and safety courses such as moving and handling and infection control, which helped ensure staff had the skills to support people in a safe manner. Other courses classed as mandatory, included safeguarding adults and caring for people who lived with dementia. Care workers were also encouraged to complete nationally recognised qualifications in care.

The registered manager demonstrated a positive view of staff training and support. We saw there was a programme in place to ensure all staff were provided with 1-1 supervision on a regular basis, during which they had the opportunity to discuss their personal development and any issues relating to their role. In addition, positive enhanced supervision plans were in place, to ensure any staff member with a development need, was well supported and assisted in their development.

Is the service caring?

Our findings

We received very positive feedback from people who used the service and their relatives about the care provided at Headroomgate Nursing Home. People spoke highly of staff and the registered manager and expressed satisfaction with their attitude and approach. People's comments included, "The care for dad is phenomenal. It's been very good from the word go and they keep me informed." "The staff seem capable and attentive." "They seem gentle with (name removed) and with the others." "The more I see of the care the more I am impressed."

Everyone we spoke with felt the staff treated them with care, kindness and respect. Typical comments included; "There's no-one I don't get on with" "They have time for you, you don't feel like a nuisance." "They are all lovely, I've never had anything but kindness from them."

We observed staff going about their duties in a pleasant and professional manner. Staff were seen to respond to people's requests for assistance quickly and politely. Care workers were observed supporting people in a patient manner, taking time to talk with people as they were assisting them and ensuring their safety and comfort.

There appeared to be a very good atmosphere between staff, people who used the service and visiting relatives. We witnessed lots of warm and caring exchanges, as well as much joking and friendly banter.

People who used the service and their relatives told us they felt staff at the home tried to treat everyone as individuals with their own needs. There was regular favourable comment from relatives about how the home tried to meet more complex disability needs around such areas as dementia, diabetes or limited mobility.

The importance of promoting people's privacy and dignity was clearly stated in their care plans and promoted through the policies and procedures of the home. People

we spoke with felt they or their loved ones were provided with dignified and respectful care and that staff respected their privacy at all times. However, one care worker did not seem to realise how audible their conversation was and was heard discussing someone's personal care with another colleague. This was raised with the registered manager who agreed to address the situation immediately.

Staff spoke respectfully about the people they cared for and were able to give us various example of how they ensured people's privacy and dignity was promoted throughout their daily care practice. One staff member said, "You treat people how you would want your own family to be treated. It's that simple."

The care plans we viewed were based on the personal needs and wishes of the people they belonged to. Everyday things that were important to people were detailed, so staff could provide care tailored to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted to be.

People who used the service confirmed that staff regularly asked them how they felt or if they were ok, and all said they felt they could communicate their feelings or likes and dislikes to staff. Relatives were much more able to describe a higher degree of formal involvement in care plan reviews.

People who used the service and their relatives said staff kept them informed about the care being provided, particularly when the most high impact or urgent issues were involved, such as when people required hospital care or were affected by illness.

People we spoke with told us they were able to have visitors, or visit, at any reasonable time. Visitors said they were always made to feel welcome. One person said, "I really enjoy coming. It's become a big part of my social life coming here! I've always felt welcome, there's always a cup of tea for me. I think it's a really nice place."

Is the service responsive?

Our findings

In the previous inspection of the service we found some gaps in care planning information and asked the provider to take action to improve. The registered manager provided us with an action plan within requested timescales. During this inspection we found the issues had been addressed and the required improvements had been made.

People we spoke with felt the service was responsive to their or their loved one's needs. People said they had enough information about the care and support provided and also commented that if they wanted more information, they would be happy to ask. One person said, "It's very good. It's only been a couple of weeks and she is now getting used to it. They are helping her to settle in and she is much more relaxed."

A number of people spoke favourably about how staff identified and supported the more complex needs of their relatives. People felt staff seemed well trained and had a good level of awareness, which enabled them to deliver a safe and caring environment for their loved one. "Mum has dementia and requires a lot of care and patience. She was in another home and her needs were increasing very quickly, they could not really look after her as well any more. We have found Headroomgate to be the best place to meet her needs now they are more substantial."

There were processes in place to thoroughly assess the needs of any prospective resident prior to their admission. We were advised that all such assessments were carried out by the registered manager and that a place would only be offered to a prospective resident, if it was clear their needs could be met.

From the information gathered at assessment a detailed care plan was developed which described the person's daily care needs and the help and support they required. We viewed a selection of care plans and found them to be well detailed and centred around the individual needs and wishes of the person. This helped staff to provide care tailored to the individual, known as 'person centred care.'

People's care plans included a social history and information about things that were important to them such as significant relationships and valued hobbies and pastimes. There was also a good degree of attention to people's individual communication needs. When discussing their experience one person told us, "We have

been kept involved in the care plan. They wanted to get some background info about Dad and about us as well, and they want to be able to have some communication with him."

Where people used non verbal communication, this was well detailed in their care plan. This helped care workers to establish positive relationships with people and support them in expressing their everyday views and choices.

In circumstances where a person who used the service had a short term change in their care needs, for instance if they developed a chest infection, a temporary care plan would be implemented to reflect any enhanced care they may have required. This assisted care workers to adapt people's support in line with their changing needs.

In discussion, staff demonstrated good understanding about the needs of people they supported. Staff were also positive about the new care plan systems describing them as more comprehensive and person centred.

The registered manager had reviewed the area of activities and was in the process of making a number of improvements. These had included the appointment of a dedicated activities co-ordinator. We spoke with this staff member who was very enthusiastic about her role and keen to share planned developments.

The activities programme had been reviewed and expanded to provide more choice and variation. In addition to increased group activities, the coordinator explained that there were plans to increase the number of events available, so as to encourage friends and relatives of people who used the service to increase their involvement with the home.

Work was ongoing to provide people who used the service with safe outdoor space with raised flower beds and vegetable gardens that were accessible for people who used the service, including people who used wheelchairs. The registered manager advised us there were a number of people who used the service who were looking forward to taking part in gardening activities.

Another development planned was that of 'lifestyle planning' for people who used the service. This meant that people's individual preferences could be addressed, particularly those who were not so keen to take part in group activities provided.

Is the service responsive?

We saw some evidence of more personalised 1-1 activities taking place, such as occasional trips out, but some people we spoke with felt this could be expanded further. We spoke with one person who used the service that found the group activities unsuitable. He had a number of hobbies and interests he wished to pursue, but felt care staff were not fully aware of these. We discussed this with the registered manager and the activities coordinator who advised us the individual lifestyle planning would ensure people's personal wishes and preferences were met.

People who used the service and their relatives told us they felt able to express their views and opinions and said they were confident to say if they did or did not like something about the service. People also felt that if they raised any issues, these would be acted upon by the registered manager.

There were a number of ways in which the registered manager encouraged people who used the service and their representatives to express their opinions about the

running of the home. These included regular resident and relatives meetings. The registered manager was able to give us a number of examples of changes made as a result of feedback from people who used the service, including major changes to the provision of meals and activities at the home.

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns should the need arise. We spoke with one person who had been supported by the registered manager to raise a complaint regarding circumstances outside the control of the service. This person felt they had been well supported.

Is the service well-led?

Our findings

At the time of our inspection there was a new registered manager in post. The registered manager had joined the service at a time when the service was in need of significant improvement. A number of people we spoke with including people who used the service, their relatives and staff members felt that major improvement had been achieved under the leadership of the new registered manager. People's comments included, "This is a completely different place from six months ago. We cannot believe the improvement." "There have been a lot of changes, all for the better. There are more staff and the place is just much more livelier." Several people also commented about improvements to the fabric of the home and general cleanliness.

A professional from the local authority contracts department commented that they had noted much improvement 'across the board' at the home. They went on to advise us that they had found the service was now meeting all the standards they required. A health care professional said, "I find the staff very professional and able to answer any questions I have. The home is noticeably cleaner and there seems to be much more going on and more staff on duty."

In addition to the appointment of the new registered manager we noted that the provider now had an increased, regular presence in the home and carried out formal quality monitoring to ensure standards across the service were satisfactory.

The registered manager advised us that the provider was supportive and that the resources she required to run the service were always available.

People we spoke with felt the registered manager was approachable and supportive and told us they would be

comfortable in raising any concerns or issues. Staff were fully aware of the service's whistleblowing procedure and felt they would be supported by the management team if they needed to report any concerns.

At the time of the inspection a staff member had recently utilised the service's whistleblowing procedures to report an incident of bad practice to the registered manager. Records showed that the registered manager had taken immediate and robust action to ensure people were safeguarded and the bad practice was addressed immediately.

Our records showed that the registered manager reported any relevant issues to the appropriate authorities and worked cooperatively with other agencies to ensure any issues were investigated appropriately.

The registered manager had a good understanding of the importance of effective quality assurance and governance. A number of processes had been implemented to assist the registered manager and provider in monitoring quality across the service. These included a full quality audit schedule which enabled the registered manager to formally assess all aspects of the service, including care planning, medicines management and training, on a regular basis.

Safety audits were also carried out regularly. A daily health and safety checklist directed the senior staff member to ensure the home was safe and free from preventable hazards. Infection control audits which were carried out on a regular basis, helped to ensure that standards of cleanliness and hygiene were consistently maintained.

Other processes such as unannounced night spot checks carried out periodically, enabled the registered manager to ensure that people who used the service were provided with safe, effective care at all times.