

Heanton Limited

# Heanton Nursing Home

## Inspection report

Heanton  
Barnstaple  
Devon  
EX31 4DJ

Tel: 01271813744

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27 July 2016

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### Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 6 April 2016. We found that although care and support was being well planned, details about whether someone's liberty was being deprived and whether the service was operating under the principles of the Mental Capacity Act 2005, were less clear within the electronic care plans. Staff were not always aware of who may be subject to a Deprivation of Liberty safeguard (DoLS) or who had an application for such a safeguard awaiting approval. Also, some improvement was required to the safety of the premises. The provider already had plans in place to make significant improvement to the home environment. Neither of those issues were looked at within this focused inspection.

After the April 2016 inspection we received concerns in relation to one person's room and a possible negative impact from them being in that room. As a result we undertook this focused inspection, on 27 July 2016, to look into those concerns. This report only covers our findings in relation to this topic. Other aspects of the concern, relating to staff practice issues, were investigated by the provider. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Heanton is a registered to accommodate up to 52 people and provides personal care and support as well as nursing care. Most people using this service are living with dementia. The Provider has recently developed and have begun to implement best practice care delivery based on the household model of care pioneered in the USA by LaVrene Norton, Action Pact and Steve Shields. This has resulted in the environment being divided into smaller houses to support small group living. Groups are determined based on the stage of the dementia of the person living at the home. There were four 'houses' (distinct areas within the building) which provided care for people at early stages of dementia, people living with dementia who were experiencing an altered reality. The third area was for people who were living with dementia who were in a repetitive stage and the fourth house was designated for people who were living with advanced dementia. The model of care is known as the household model. The provider has implemented this model with the support of specially recruited dementia practitioners.

The service is required to have 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. At the time of the inspection there was not a registered manager in post. The provider said they had interviewed prospective managers but the recruitment process was still not complete. Senior management in the organisation was overseeing the service, visiting some days, and there was a clinical lead overseeing the day to day running of the home.

Arrangements were in place for staff at the home to recognise and mitigate risks associated with hotter than average weather. However, the design of one person's room meant there was probably little throughput of air, which may have led to the person using it experiencing discomfort.

People's needs with regard to adequate fluid intake were met. People had drinks available to them and during the hot weather staff had encouraged people to take more fluids and exert themselves less.

People were offered a choice of room where possible. Where a small room was considered the safest option for one person, this had been arranged; they said they were happy with it.

The one room we looked at had a working nurse call system in place, a working smoke alarm and a few small holes in the wall. However they were not impacting on the person's use of the room, which was temporary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were addressed with regard to their chosen room and layout. A person's room identified as a concern was found to be safe but had little opportunity for throughput of fresh air.

Staff responded to people's needs during the very hot weather, ensuring they had regular drinks available to them and exertion was discouraged.

People felt staff were responding to their needs.

# Heanton 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.

This focused inspection took place on 27 July 2016 and was unannounced. One adult social care inspector undertook the visit.

Prior to the inspection we looked at information we have received in respect of this service and spoke to a fire safety officer.

During the inspection we spoke with one person, two visiting family members and four staff. We looked at records which related to one person's individual care.

## Is the service responsive?

### Our findings

Concerns were raised by a visitor to the home. They included that one person's bedroom was very hot and humid and the person using it was experiencing a lot of discomfort due to the heat. Also, that the person did not have access to a call bell. They said the room was very small, wires were hanging from the smoke detector, water in the water jug was "bubbling", flower stems were mouldy and there were a lot of holes in the walls.

We saw that the door from the room led to a small corridor, which led to the main corridor. There was likely to be little or no throughput of air because of this. A staff member said that much of the home had been humid, when the temperatures were high, and so when the person was in their room it was possible the room was uncomfortable for them. The person said they had sometimes been very hot at night and so they slept with their legs dangling out of the bed. There were fans at the home but we did not establish whether one was offered for this person. This will be part of the provider investigation.

The person said they were happy with the bedroom. The bedroom had been chosen specifically to meet their needs in respect of its layout, as a small layout helped them find their way around. There had been a larger bedroom offered but the smaller bedroom had been chosen.

Staff said that water jugs were changed every day. At the time of our visit this had not yet happened and the jug was less than half full, indicating water was being taken. Had the jug water been "bubbling" this would be a concern, but we could not substantiate that this had happened. Based on other information we established the person was well hydrated, and enjoyed regular drinks. There were two jugs of fluid on the table in the dining room next to where they were seated at our visit.

Staff said that, during the very hot weather an alert had been sent across the organisation, so that staff would be aware of the need for extra vigilance to protect people from the heat and dehydration. They said people were offered additional drinks and extra activities had been discouraged because of the heat. Family members said they felt people's need for extra drinks had been met during the hot weather.

There were no flowers in the room at the time of our visit and we could not establish what had happened previously to any flowers in there.

The smoke detector had recently been moved by a specialist contractor who had tested it as safe. The wires were showing because the final covering plate was not in place; this was completed before the end of the visit and had not posed any risk. The fire safety officer said they would be contacting the provider with regard to fire safety and they anticipated there would be a visit to the home by a fire safety officer by 8 August 2016.

Staff said the person was unable to use a call bell and so an 'alert mat' was used in its place. This meant when the person stayed in their room, and stood on the mat, staff were alerted and could come to offer them assistance.

There were five small holes in the wall where changes had been made to the layout of the room which had not yet been 'made good'. There had been no negative impact on the person using the room from the holes and the room was being used on a temporary basis.

One person told us that the staff were "pretty good" and "friendly" and we saw examples of friendly and helpful staff engagement with people.