

Community Integrated Care Heartly Green

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 ●

Summary of findings

Overall summary

About the service:

Heartly Green provides a 30 bedded residential unit on the ground floor for older people who require support with personal care. The registered provider (Community Integrated Care) has a service level agreement to also supply care staff on the second floor, which is an intermediate care (IMC) unit ran by Salford Royal NHS Foundation Trust. The IMC unit is managed by the NHS, who also supply the nursing and therapy staff. Community Integrated Care hold the responsibility to manage the care staff on both floors. There were 26 people living in the residential unit at the time of the inspection.

People's experience of using this service:

We saw the service had received many compliments from people who used the service and their relatives. One compliment said, "The staff are constantly around, walking, talking, and caring for the residents. They laugh and joke with them, even with the ones who cannot always understand or respond, but who get such a thrill from being included and not ignored."

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I love it here."

Staff worked with other agencies to provide consistent, effective and timely care. We saw that the staff and management worked with community organisations.

We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home. We have made a recommendation about the gardens being more accessible for people.

The service continued to meet the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good (report published 21 November 2016). The overall rating has remained the same.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Heartly Green

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector, an inspection manager and an expert by experience (ExE) carried out the site inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise included dementia care and mental health. One inspector continued with the site inspection on day two.

Service and service type:

Heartly Green is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

We carried out the site visit of the inspection on 08 April 2019 and 09 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. We had requested the service to complete a provider information return (PIR) which we received; this is a form that asks the provider to give us some key information about the service, what the service does well and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and five relatives or friends to ask about their experiences of the care provided. We also spoke with the registered manager, assistant manager and five staff members, including a team leader, activities co-ordinator and care workers. In addition, we spoke with two healthcare professionals who worked with the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including four people's care records, risk assessments and medication administration records (MARs). We also looked at three staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

People continued to tell us they felt safe with their care and support. One person told us, "I feel safe here. The carers help me to keep safe. I trust the staff."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place.
- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "I would ring the local authority safeguarding team and get advice. I would also speak to the manager."
- Staff received appropriate safeguarding training and refresher courses.
- The service followed safeguarding procedures and made referrals to the local authority, as well as notifying CQC as required.

Assessing risk, safety monitoring and management

- People had pre-admission assessments before they moved into the service. This meant the service knew that they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration.
- People had ongoing risk assessments that were reviewed as part of their care plan reviews, or when needs changed.
- People's care files contained a '999 call sheet', which detailed relevant information for emergency situations, including 'do not attempt resuscitation' (DNACPR) statuses and health needs.
- A fire risk assessment was in place. People also had Personal Emergency Evacuation Plans (PEEPs) which were specific to their individual needs to ensure their safety in the event of an evacuation.
- Premises risk assessments and health and safety assessments continued to be reviewed on a regular basis, which included gas, electrical safety and fire equipment. The risk assessments also included contingency plans.

Staffing and recruitment

- We looked at three staff personnel files and we saw robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- A dependency tool was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly.
- Staff rotas we saw confirmed staffing levels remained consistent, so that people continued to receive continuity in their support.
- There were sufficient staff on duty, and one care worker told us, "There is enough of us [staff] on. I have enough time to talk to people. It's a big thing for me. I don't rush them." A person we spoke with commented, "When you need staff, they are always there."

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- An electronic system was used for medication administration records (MARs). The system allowed for relevant notes and healthcare correspondence to be added, which had to be read and accepted by the staff member before continuing. For example, speech and language therapy (SALT) instructions.
- We saw that all staff who administered medicines had the relevant training.
- Records showed staff were up to date with medicines training and staff received regular competency checks. We asked people if they had any concerns regarding their medicines. One relative we spoke with told us, "Mum's condition is settling. It shows that staff are keeping on top with her medication."
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- Regular weekly audits of medicines took place which ensured medicines were managed safely.

Preventing and controlling infection

- The service was clean and free from malodour. One person said, "The staff keep it clean and safe."
- The local authority conducted an infection control audit in August 2018 and issued a rating of 97% with no recommendations.
- Records showed environmental audits took place weekly which meant the service had processes in place to prevent and control infection.
- We saw personal protective equipment (PPE) readily available and accessible, such as disposable gloves and aprons.
- Staff received training in the management of infection control and food hygiene.
- The service retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

Learning lessons when things go wrong

- The service had an accidents and incidents policy to facilitate the analysis of incidents and accidents.
- Accidents and incidents were recorded and monitored by the registered manager for patterns and trends. We saw that when something had gone wrong, the registered manager had responded to this appropriately. For example, when a person had reoccurring falls, they were referred to the falls team.
- Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I love it here."

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

- People's needs were comprehensively assessed and regularly reviewed which meant people continued to receive support that was appropriate to their needs.
- People were involved in their care planning and the people we spoke with confirmed this. One person said, "I am involved in my reviews. I have choices in my care."
- People's preferences, likes and dislikes were acknowledged and recorded.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to help enable them to be effective in their role. A staff member told us, "I really loved my induction, I really enjoyed it. I also have sufficient training. I learn something new every day."
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
- Care workers had opportunities to progress into 'advanced carer' roles, which involved observational responsibilities, such as checking people's blood pressure. Staff undertaking this role had annual competency checks carried out by a registered nurse.
- Staff we spoke with felt supported. One staff member told us, "The management are approachable. They listen and take all things on board."
- We asked people if they felt staff were competent. One person said, "The staff provide solid care." Another person told us, "They must be trained well, you can see by the way they care for us."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals. One person said, "I get my own way, always." A second person commented, "There is always enough food for when you need more."
- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- The service used an external company to provide lunch and tea meals. The company provided frozen food which was nutritionally balanced; this was reheated and served according to instructions. Some people enjoyed the food, whilst others did not. The registered manager fed this back to the company and we saw people were given alternative options during lunch.
- We found specialist diet types were provided for people to meet their dietary requirements, such as diets

with food fortification and soft food diets.

- We saw 'hydration stations' which had drinks and snacks for people to access themselves.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which ensured people's food and drink needs were being met.

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

- The premises were homely and well maintained. There was sufficient space inside and outside for people to make use of. We observed a relaxed atmosphere throughout the home.
- People could choose to sit in the main lounge or in the dining room lounge or in their own rooms. However, we found access to the communal gardens was not always readily available. We recommend that the service makes the gardens more accessible for people.
- People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. One person said, "The manager told me somebody can decorate my room, I am choosing [name of colour] for my walls."
- There were some elements of the home that were 'dementia friendly'. For example, there was signage to identify rooms and themed corridors. However, we found parts of the home did not carry this element through. The registered manager informed us there were plans to make the home more 'dementia friendly' to meet the needs of the people living there.

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

- Staff worked with other agencies to provide consistent, effective and timely care. We saw that the staff and management worked with community organisations.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and general practitioners (GPs). A healthcare professional told us, "Heartly Green is a really positive place. They support residents with complex needs. They are also very supportive to me when I visit residents there."
- Where necessary, the service supported people with arranging healthcare appointments. One person told us, "Staff got me someone from the diabetes clinic to tell me what to do [in order to control blood glucose levels]."
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. MARs and health passports (a piece of documentation that details people's health needs and contains other useful information) were used.
- Professionals spoke positively about the service. One professional we spoke with told us, "I would be happy for a family member to be in this care home."

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

- 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 receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded

including people consulted, and the reasons for the decision. DoLS were being adhered to.

- Records showed people signed to consent for their care and treatment.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

People continued to voice that the staff and approach at the service was caring. One person told us, "The staff treat me with respect. They are very good." Another person said, "I have a good laugh with the staff."

Ensuring people are well treated and supported; equality and diversity

- We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.
- People were observed to be treated with kindness and were positive about the staff's caring attitude.
- The service supported people to meet their religious needs. For example, holy communion was available for people.
- Equality and diversity was promoted. For example, information was displayed in the home which told people they have the right to have their 'cultural, religious and sexual needs respected.' The registered manager also employed staff with protected characteristics. These staff members told us they felt supported.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We treat all people the same, equally."

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

- We saw staff supported people in a way that allowed them to have control over their lives and supported them to make day to day decisions. For example, we observed people having choice in where they ate their lunch. One staff member told us, "I respect their [people's] wishes. I do not force them. I give them choices."
- People we spoke with told us they had choices and were involved in making day to day decisions. One person said, "I have choices, I have choices with everything."
- People's care files had records of choices regarding their preferred care worker.
- Regular reviews were held with people and their relatives or friends had opportunities to attend. We asked people if they were involved in planning their care. One person told us, "I am involved in my care and reviews." Another person commented, "I came for respite, but I was told I could stay here, I'm the luckiest man alive."
- The service had built connections with advocacy organisations and information regarding this was available for people.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy very much." A healthcare professional commented, "Staff always promote and maintain people's dignity."
- We saw a 'charter of people's rights' displayed in their rooms. This advised people they had rights, 'to be

treated with respect', 'right to choices respected' and 'to be treated as a valued person and with dignity as an individual.'

- We observed staff continued to treat people with dignity and respect and provided support in an individualised way.
- The service carried out a dignity and respect survey in November 2018. The results were positive, and comments included, "Excellent care," and, "I feel valued."
- People's independence was promoted. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. One staff member told us, "Even if people are bed bound, we still encourage them to do things, such as having their own drink."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

People continued to tell us the service meets the needs of people effectively. One person told us, "I like being here. We have lots to do and choose from." Another person said, "There is no reason to complain, I am lucky to be here."

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

- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences.

- Cultural and religious preferences had been recorded which ensured the service was aware of how people's cultural and religious needs should be met.

- Regular reviews ensured people had been involved in updating their care plans if they wished to be. A healthcare professional told us, "Residents, families and care staff are a part of care planning and reviews."

- People participated in activities that met their individual choices and preferences. We found people had a say in the type of activities and trips planned, and observed people engaging and enjoying the activities they took part in. One person told us, "I get involved in the activities. We went to the farm, I enjoyed that."

- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard.

The service had made information available in different formats upon request or where there was an identified need for this.

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. Formal complaints were logged in an electronic system which allowed the progress of the complaint to be monitored.

- People also had access to a 'service user guide' which detailed how they could make a complaint. One person told us, "The manager passes by often and asks if we are okay, if we are not, we tell them."

- The service conducted a 'relative's engagement survey' in June 2018. The survey found relatives and people were unsure of how to make complaints and what the differences in staff uniforms represented. The service responded to this and displayed complaints procedures in people's room and newsletters, as well as clarifying the differences in staff uniforms.

- A 'you said, we did' board was displayed in the corridor, which showed people raised concerns about the food supplied by the external company; one comment stated, 'The meat isn't always the best.' The service had responded to this and fed back to the company. The registered manager had also arranged food to be cooked in the kitchen over the Easter period, as per requests from people.

- Healthwatch (an independent national champion for people who use health and social care services) carried out an 'enter and view' evaluation of the service in January 2018. We found the service took their recommendations on board.

- We saw the service had received many compliments, and the people we spoke with were also complimentary. One compliment stated, 'Staff work tirelessly to ensure residents at Heartly Green feel at home, comfortable and well cared for.'

End of life care and support

- Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care. A healthcare professional commented, "They support to get people from hospital back to their home, so they can have the end of life care in their own home. They are really good. They deliver good end of life care."
- The service had a memory wall displayed in the reception area to remember people who had died and provided end of life care booklets for people to take away.
- There saw how people's wishes for their end of life care had been considered, and people were given the opportunity to discuss their wishes for how they would like to be supported as they neared death. A visiting relative commented, "Staff are very supportive. We were invited to discuss my mum's end of life preferences. Even though the agenda was a difficult one, staff broached it with such professionalism and made it so easy to say our thoughts."

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

People continued to speak positively about the leadership and management of the service. One person said, "I like it here, it is like one big family, don't you dare take me out of here." A healthcare professional also told us, "[Heartly Green] is absolutely great, a really good team."

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

- The service was well led. The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people. The registered manager received regular support from the wider management team and had access to a support network which was flexible and responsive.
- People told us that the staff knew them well and responded to their needs in a person-centred way. A member of staff who was explaining their daily routine told us, "We have good relationships with the residents. We have residents with behaviours that challenge, we ease and calm them down. We try to keep them as independent as possible. We also respect their wishes."
- The service had a statement of purpose. This clearly set out the aims, objectives and ethos of the service.
- The service had submitted all relevant statutory notifications to us promptly. For example, details about incidents the provider must notify us about, such as abuse. This ensured we could effectively monitor the service between our inspections.
- A good range of audits continued to be used by the service to measure health, safety, welfare and people's needs, which meant the service could evaluate if people's needs were being met appropriately.
- The provider and registered manager continued to positively encourage feedback and acted on it, for example, by asking people about what trips they would like to have arranged.

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

- People at all levels understood their roles and responsibilities. The registered manager was accountable for the staff and understood the importance of the role.
- The registered manager had worked at the home for a long period of time and had a clear understanding of their role and the organisation.
- The provider and registered manager continued to follow governance systems which provided effective oversight and monitoring of the service. For example, the registered manager carried out regular audits. The regional manager also conducted a monthly quality compliance check.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice if they needed to.

- Staff felt confident in the management team and were able to approach them at any time.
- The management team had regular contact with members of staff each week. Staff said they felt well supported and respected. Regular awards were presented to staff which recognised good practice. These could be nominated by people supported by the service as well as the staff and management team. One member of staff we spoke with said, "The service is well-led and team morale here is great. I always have a smile when I come into work."
- At this inspection we saw that the rating from our last inspection was displayed throughout the building alongside a copy of the report, and on the provider website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- There was a positive workplace culture at the service. It was evident staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "I enjoy being at work. There is a very positive vibe all around the building. I wouldn't change my team for anyone else."
- The service involved people in their day to day care and promoted their independence to make their own decisions. Our observations confirmed this.
- Regular staff meetings continued to be held which discussed people and their needs.
- Monthly 'residential collaborative meetings' took place where the staff and management attended, to discuss people, their needs and any concerns.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff told us they regularly talked with people they supported to check if anything could be improved and then responded to this. One staff member commented, "If residents request anything to us, we would go straight to management and it is done. There were residents who wanted their rooms painted and it has been done."
- The service held bi-monthly residents' meetings. We saw minutes which showed these were well attended with opportunity for people to contribute.
- Newsletters were used to keep relatives and friends engaged.

Working in partnership with others

- The service continued to work in partnership with the local community, other services and organisations.
- Records showed multi-disciplinary teams were involved in people's care. A healthcare professional told us, "We meet with the team leader or manager on a monthly basis to review clients. They [Heartly Green] really deliver a good service."