

Calderdale Metropolitan Borough Council

Heatherstones Court

Inspection report

Heatherstones
Halifax
West Yorkshire
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Date of inspection visit:
29 June 2017

Date of publication:
15 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Heatherstones Court provides personal care for up to 15 adults in 12 apartments. When we inspected the service there were two people in receipt of personal care. One person was in hospital and one person was taken to hospital and although they returned the same day it was not appropriate for us to speak with them.

The last inspection was in June 2016 and the service was rated 'requires improvement' at that time and there were two breaches in regulations. This was because safeguarding incidents had not been identified and procedures had not been followed to ensure people's safety and there were shortfalls in medication records. At this inspection we found the provider had taken steps to improve their practice in relation to ensuring people's safety. However, we identified a breach in regulation 17, good governance because there were still some weaknesses in the way the quality of the service was checked.

There was 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 2008 and associated Regulations about how the service is run. The service was in the process of changing registered managers and we saw both the new manager and the exiting manager working together during the inspection.

Staff understood safeguarding and whistleblowing procedures and there was a clearer knowledge of how to identify and report concerns. Individual risk assessments were in place although there was conflicting information regarding people's mobility.

Medicines recording had been improved since the last inspection.
Accidents and incidents were recorded with evidence of action taken in response to these.

The provider had taken steps to improve medicines management since the last inspection and there were clearer systems for monitoring and improving communication around this.

Staff were supported through regular training and supervision. Staff we spoke with understood the legislation around mental capacity and people's rights and consent.
Communication between staff was effective and staff reported effective teamwork to meet people's needs.

Staff were dedicated to their role and very caring in their approach. People's independence was a clear focus of staff's work and they emphasised the importance of empowering people to do as much as they could for themselves.

People's needs, goals and preferences were highlighted in their care plans. Staff demonstrated a person centred approach and an understanding of working with people in individually meaningful ways.

Complaints were responded to in line with the organisation's procedures. Many compliments were received and there were positive questionnaires although these were not dated.

The service had a clear line management structure and staff understood their roles and responsibilities. There were audits but these were not robust enough to demonstrate thorough checking of documentation to ensure it supported the running of the service. There was a clear handover in place for the new manager to understand the requirements of the service and the people they supported.

You can see what action we asked the provider to take at the back of the report.

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, although written assessments of individual risks to people were not always thoroughly completed and were conflicting in places.

Staff were knowledgeable in discussion about people's individual risks and knew how to enable people to support their own safe care.

Action had been taken to improve the safety of medicines management since the last inspection.

Staff understood how to identify safeguarding concerns and take action to ensure people were safe.

Requires Improvement ●

Is the service effective?

Good ●

Staff worked skilfully with people to enable them to care for themselves.

Staff were supported through regular training and communication with the registered manager.

There was effective teamwork to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff worked enthusiastically and with a very clear focus on meeting people's needs in an enabling, supportive way.

Staff approach to caring was passionate and person centred.

People's dignity and respect was given high importance.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff knew each person's abilities and people's individual preferences were known and clearly recorded.

People's care was focused around their individual needs and staff worked in meaningful ways to promote people's recovery to independent living.

There was an effective complaints system in place.

Is the service well-led?

The service was well led, although improvements were needed to the quality assurance systems.

Audits were in place although not robust enough to ensure documentation was effectively in place to support people's care and the running of the service.

There was an open transparent culture and very effective teamwork in which staff felt supported by the management team to provide care and support for people.

There was good communication between staff in all roles to ensure people's needs were met.

Requires Improvement 

Heatherstones Court

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 inspection was carried out by one inspector on 29 June 2017 and was announced. The provider was given short notice of the inspection because the service was not staffed 24 hours and we needed to be sure that someone would be available so we could review records, speak with staff and people. We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. We did not ask the provider to complete 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. The provider informed people we would be visiting the service. There were eight people using the service, but only two people receiving personal care.

We looked at care documentation for both people who received personal care, two recruitment files and records relating to quality assurance monitoring and the running of the service. We spoke with the registered manager, the new manager, the deputy manager, a physiotherapist and two re-ablement care staff. We were unable to speak with the two people who were in receipt of personal care because they were both in hospital, although we visited another person who lived in the service who made comment on behalf of their friend in receipt of personal care, at their friend's request.

Is the service safe?

Our findings

At the last inspection we found medicines management was not always safe and people were at risk of not having their medicines as prescribed.

The provider sent an action plan showing what they had done in response to the last inspection. This showed systems and processes had been reviewed to ensure medicines were managed safely and we saw improvements were implemented. For example medication training and individual medicine audits had been regularly completed. Medicines were discussed as a regular agenda item at staff meetings.

We saw there were clearly documented medicines administration records (MARs) in individual files. The registered manager told us it had not always been possible to have the MARs pre-printed so there were systems and processes in place to ensure two staff checked and signed these where handwritten entries were made. Staff told us how they checked medicines for people were for the right person, right dose, right time and right medicine and they ensured the times to give medicines were clearly recorded. Where people needed medicines as required (PRN) such as paracetamol for pain, staff made sure this was documented carefully and a minimum of four hours was maintained between each dose. We saw entries in the communication book emphasised this as well as discussions in staff meeting minutes.

Staff told us they only signed MARs when they were sure a person had taken their medicines. The person we spoke with said there was effective support for medicines and staff always checked if they had any pain. They said staff reminded them to take medicines and helped to ensure these were in sufficient supply. Staff had undertaken medicines training and they told us they were confident to support people with medicines, with the emphasis on encouraging people to support themselves.

At the last inspection we identified concerns accidents and incidents were not always reported appropriately if there were any associated safeguarding concerns. At this inspection we found accidents and incidents were reviewed by the management team and safeguarding was considered as part of the management review.

The management team had discussed accidents, incidents and near miss reporting within team meetings and supervisions. Staff we spoke with were confident to report and record all matters of concern and the management team reviewed these. Where these resulted in safeguarding concerns there was an understanding of how to refer these to the local authority safeguarding team and CQC where relevant.

Staff we spoke with said they would be confident to identify the signs of possible abuse and they would not hesitate to use the safeguarding and whistleblowing procedures if they were concerned about a person's safety or well being. Staff had completed safeguarding training and they were confident any concerns they raised with the management team would be acted upon promptly.

At the last inspection we found risks to people had not always been reflected in their care records. At this inspection we found there were individual risk assessments recorded, but these contained conflicting

information, particularly around people's mobility. For example, one person's record stated they were independent at transferring themselves, yet another part of the record stated they needed the assistance of staff with transfers. It was not clear which equipment was currently in use by people from looking at their records. For example, one person's record referred to a zimmer frame in one part and in another part referred to a walking stick. Our discussions with staff showed they had up to date and clear knowledge of how to support each person in practice, but the recorded assessments did not reflect what staff knew. There was no evidence of management reviews of people's care records to assure accuracy of information.

We looked at two staff files and found there were robust recruitment systems in place to ensure all staff were vetted thoroughly, although we were unable to locate one reference on one member of staff's file. The registered manager obtained this for us from the organisation before the end of the visit. Staffing levels were appropriate to meet people's needs. The service did not offer 24 hour staffing, but staff were available between 8am and 1pm, and 4.45pm until 9.45pm. Outside of these times people had access to an emergency response team through a care line in each apartment. Staff and the person we spoke with felt there were enough staff to be able to manage people's support needs.

There were systems and processes in place to manage the routine maintenance of the premises and equipment. Staff we spoke with said they observed people's safety in their apartments and would report any concerns to the management team. Each apartment was self contained and designed to enable people to develop skills in self care and manage their own needs in preparation for living independently.

Is the service effective?

Our findings

The person we spoke with said they thought staff had the right skills. They told us, "They always make sure we have everything we need and nothing is too much trouble. They are so good, they know just what to do without doing everything for us. We stay active and that's the important bit". We saw one questionnaire a person had completed which stated, "A very good team of experts in their given field."

Staff we spoke with said they felt supported in their work and had opportunities to complete relevant training. The registered manager told us where training needed to be updated they tried to ensure staff needs were met. We saw the training matrix and this showed staff had completed a variety of training. The required frequency of each training was noted on the matrix and the registered manager had an overview of staff training needs. There was clear evidence in the staff files we reviewed of staff being supported and the registered manager ensuring support was tailored to individual staff needs so they were effective in their work. Individual training profiles as well as certificates were held on each staff file. Staff competency in their work was evident in the records of observed practice.

We saw a checklist for each shift along with key worker allocation information, so staff were clear about their roles and responsibilities. In people's care records there was a list of staff signatures which confirmed staff had read and understood people's needs. We looked at the communications log book and saw there was key information, such as GP visits and people's general well-being. Staff we spoke with said they referred to this to check what information they needed in addition to handover information.

Staff gave praise for the effective teamwork. One member of staff said, "We are part of a team here and we work together. We all have different skills and roles but the main focus is the person we are supporting." Another member of staff said, "We've got a great team, there's [registered manager's name] at the top and we all work well together, support and teamwork, that's what we have."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us the people supported by the service did not lack capacity. Staff we spoke with had a good understanding of the legislation about people's mental capacity and how to ensure their rights were promoted. The person we spoke with said staff always asked them what support they needed and encouraged them to make their own choices and decisions. Staff showed us a pocket guide with the key principles of the Mental Capacity Act, which they carried for reference.

People were responsible for their own nutritional needs and there were cooking facilities within each of the self-contained apartments to maximise people's independence. People's care records we looked at showed they needed no help from staff and staff we spoke with said they would assess people's needs on an individual basis, but the emphasis was on enabling rather than providing for people, in order they be able to move on to their own independent living.

We saw there were referrals to other professionals where necessary to support people's health. For example, staff made appropriate referrals to district nurses and GPs when required. On the day of the inspection we saw staff had called an ambulance as they were concerned about one person's health. The staff team had NHS professionals working with the provider's own enablement staff. Their skills were required to promote people's skills in caring for themselves. We saw written feedback from people who had used the service to say they had regained independence through support received.

Is the service caring?

Our findings

The person we spoke with said the service was caring. They told us staff 'went over and above' and 'nothing was too much trouble'. Questionnaires given to people showed people felt cared for. Comments included, 'good kind workers', 'kind and supportive', 'staff loving and kind' and staff were described as 'angels'.

Staff we spoke with were very enthusiastic about their role. One member of staff told us the best part of their job was seeing people make progress in their abilities. They said, "It's not care, it's rewarding". It was clear through discussions with staff that people were at the centre of what they did and the service was tailored around people's individual needs, rather than the routine of the service. Staff all told us the care provided for people would be good enough for their relative. One member of staff said, "I'd be over the moon if my [family member] came somewhere like this".

Enablement staff emphasised their role was to empower and prepare people with the skills they would need upon their return to independent living. One member of staff said, "It's instinctive to do everything for people, especially if they have been ill or injured, but it's so rewarding when you help them to do things for themselves. Staff told us people's dignity was of particular importance and said the roles they did were supportive of this because of the way they worked with people to develop skills in mobility and independence.

There was evidence in people's care records they had been involved in discussions and reviews about their care and progress. The person we spoke with said they knew there were individual care records and staff always checked if care was how they liked it. We looked at two care records and found these were written from the person's point of view. Staff referred to people as 'guests' and we saw people's personal preferences were documented well.

Care records took into consideration all the background information about each person, which staff told us helped them understand people's diverse needs and enabled them to provide individual person-centred care. Staff training included equality and diversity training and staff had an open inclusive approach to meeting individual needs.

Is the service responsive?

Our findings

The registered manager told us the referral criteria for people to live at the service was limited to those who could self-evacuate. This was because the apartments only had a 'misting' system, which sprayed a fine mist in the detection of a fire, rather than a more robust sprinkler system. Staff we spoke with all said they would like to support people with more complex mobility needs but they were currently unable to because of this restriction. The registered manager said this was something that was being considered as the service evolved as the staff skills were not utilised to their full advantage.

The staff we spoke with said thorough assessments were carried out prior to people being placed in the service and this included assessments of all equipment needed, people's medicines and any help required for washing, dressing and daily living.

Staff told us people's day to day support was assessed on each day as people's needs were variable according to how they may be feeling. There was evidence of effective teamwork as staff made respectful reference to each other's roles and skills.

Staff told us they supported people to achieve outcomes of reduced dependency and they gave examples of how they had supported people fully to increasing independence over their time at the service. Staff told us and records confirmed shared conversations and supervisions had a clear focus on 'goals of the guests' and improving the quality of people's lives.

We saw there were details of people's preferences within their individual files. Care plans recorded what each person could do independently and identified areas where the person required support. People had a one page profile with their personal preferences highlighted so staff knew exactly how to support them in meaningful and respectful ways that promoted their independence and autonomy. We looked at two care records for people using the service. These were individual to each person's needs and recorded their personal preferences regarding their care. The care plans evidenced how people liked to be supported and if there were any special health precautions to be aware of. Upon speaking with staff, it was evidently clear they knew the content of these care records and how each person liked to be supported.

Staff we spoke with said they would ensure people's views were heard and people would be fully supported to follow the procedure if they wished to make a complaint. Complaints and compliments were recorded and the registered manager told us any concerns were taken seriously and acted upon. We saw complaints were recorded and responded to in line with the organisations procedures. One letter of complaint we saw was thoroughly responded to and this was recorded in detail. The registered manager was aware to refer complainants to the local government ombudsman should they remain unsatisfied with the response. We saw the complaints procedure was available to people upon admission. The person we spoke with said they 'most certainly did not have any complaints' but would approach the staff or the registered manager if they did and they were confident they would be heard.

Is the service well-led?

Our findings

At the last inspection we found systems to assess, monitor and improve the quality of the service were limited and needed to be developed further to ensure service improvement. At this inspection, although the provider had responded to the issues raised at the last inspection, we found there were still some weaknesses in the way the quality of the service was checked.

The service had a registered manager. We found through discussion with the registered manager and the new manager there was a shared commitment for providing high quality enabling care and support and the management team were an integral part of the whole team, working closely together.

The person we spoke with knew who the registered manager was and said they visited them at times in the apartment. They also knew there was to be a change of manager and they felt well informed about this and had been introduced. There was evidence in shared conversation records staff had been informed and included in discussions about the change of registered manager. There was a clear handover taking place at the time of the inspection with the new manager and the registered manager working together to ensure consistency. The deputy manager was a consistent factor in the transition of managers to provide support in the day to day running of the service.

Staff we spoke with told us they felt confident in their roles and their lines of responsibility were clear. We saw the registered manager gave clear direction for staff to know what was expected of them. Staff told us they were encouraged to approach the registered manager about any matters should they need to. Staff told us they felt supported in their work.

All staff we spoke with said the service was very well run. One member of staff said the registered manager had 'turned things around'. Another said, "[Registered manager] is ace, really listens and finds out what we need to support people." Staff felt the communication and culture in the service was open, honest and transparent. We found evidence of staff being involved in all communication, through minutes of meetings, daily documentation and face to face interaction.

There was a large whiteboard in the office which gave the registered manager and staff an overview of people's needs and dependency, as well as individual care records. We saw staff used the office freely and there was a steady flow of communication with the management team.

Staff told us meetings were a regular feature and there were weekly multi-staff meetings which involved a range of professionals associated with people's individual care. These meetings discussed each person's background, care and a strategic update on their progress.

The service was proactive in seeking feedback and we saw evidence of satisfaction questionnaires, although there were no dates on these and this was also mentioned at the previous inspection. All comments received were very positive, such as 'perfect' and 'first class' although it was still not possible to identify when these had been received. The person we spoke with said they were often asked their views on the

service.

Some documentation to support the running of the service needed improving. For example, some photocopied record forms, such as for accidents and incidents were of poor quality which made them very difficult to read. Policies and procedures had not been updated for a significantly long time and some of these related to out of date legislation. The registered manager told us they used corporate policies and acknowledged these were not up to date. However, there was no evidence these had been reviewed by the provider to ensure the content was relevant for the service. For example, the safeguarding policy was dated 2010 with no evidence of any recent review. Where policies and procedures had review dates, these had passed with no evidence of review.

There were some audits in place and it was evident the management team was very involved in people's daily lives and their care needs as they had good knowledge of this. However, there was limited evidence to show quality checks had been carried out in some areas, such as accuracy of information in people's care records, policies and procedures.

This meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The management team said they were considering ways to streamline documentation to reduce the problem of repetitive recording. One member of staff told us they felt there was 'a lot of paperwork' and there was a lot of repetition in risk assessments. The new manager told us this was one of their priorities as they came into post.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes for assessing and monitoring the quality of the service were not robustly in place. For example, policies and procedures were out of date and people's individual assessment of risk lacked accuracy.</p>