Bupa Care Homes (CFChomes) Limited

Heathbrook House Care 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

Summary of findings

Overall summary

Heathbrook House provides accommodation with personal care for up to 45 older people. There were 36 people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection the service remained Good.

People told us they were support by the staffing team to remain safe in the home. All staff understood the potential for risk of abuse and told us about how they kept people safe. During our inspection people were supported by enough staff that were available, offered guidance or care that reduced people's risks. People told us they received their medicines and nursing staff looked after this for them. People were able to request additional medicines for pain relief or other medicines as needed. The nursing team were able to asses and know when a person may need these if they had not been able to communicate themselves.

People told us they received the care needed from care and nursing staff who looked after them well. All staff told us the training was useful in support of their role and understanding the needs of the people they looked after at the home. The nursing staff were supported by clinical supervision and practice discussions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us there was always a choice of meals and drinks which they enjoyed and kept them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their needs.

People were comfortable with the staff that supported them and chatted happily. All staff knew people's individual care needs and respected people's dignity and independence and were considerate when providing care and support in the communal lounges. People received support to have their choices and decisions respected with their day to day care.

People's care needs were reviewed and assessed regularly and care planned and delivered to meet those needs. People and where requested families had been involved in the planning of their care. Relatives told us they were asked for their opinions and input. Dedicated members of staff offered encouragement and supported for people to be part of the home's community and offered a variety of things to do.

People had the opportunity to raise comments or concerns and these were addressed. There were processes in place for handling and resolving complaints and guidance was available to people in the home.

The management team were approachable and visible within the home which people and relatives liked. The registered manager and provider had completed regular checks to monitor the quality of the care that people received. Any improvements or changes had been included in the homes improvement plan for

action.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is good.

Improvements in staff deployment were seen. People were safe living at the home and staff were available to meet people's needs. People's risk had been reviewed and updated to support their health and mobility. People received their medicines at the times needed to support and maintain their health.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Heathbrook House Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 July 2017 and was completed by two inspectors and an expert by experience who had experience of dementia care settings. 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 provider completed 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 reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was provided from the local authority and Clinical Commissioning Group.

During the inspection, we spoke with 10 people who lived at the home and four visiting friends and relatives. We also used observation as a way of helping us understand the experience of people who could not talk with us.

We also spoke with six care staff, four nurses, dementia lead nurse, the registered manager and the regional director. We reviewed risk assessments and plans of care for four people and their medicine records. We also looked at provider audits for environment and maintenance checks, four Deprivation of Liberty authorisations, compliments, incident and accident audits, two staff meeting minutes and one residents' meeting minutes.

Good

Is the service safe?

Our findings

At our last inspection in July 2015 we rated this question as Requires Improvement as people were experiencing delays in staff responding to them. At this inspection people told us staff were available without delay when they needed them. All staff we spoke with told us they had time to meet people's personal care needs. Staff explained they were supported in the mornings with an additional member of staff, to assist people with breakfast and drinks. The registered manager had taken account of people's planned needs so they were able to provide enough staff to care for them and to support their needs. In addition to the care and nursing staff, there was addition support from the deputy manager and lead dementia care nurse.

People we spoke with felt safe living in the home and their relatives had confidence in the staff to monitor and maintain their family member's safety. One person told us, "Safety is good here. Not easy for them [staff] it's a responsible job". Staff at the home knew where people were and who may need assistance with their personal safety. For example, when walking around the home, or getting up from chair. Staff were able to tell us the action they would take if they suspected a person was at risk of abuse. The actions included reporting to the management team to ensure the person receive the correct support. One relative told us, "There's not been one person [staff] or event that has upset them".

People were assessed individually by the nursing staff to identify and understand what the potential risks were that may place the person at harm. For example how to reduce the risk of falls for the person or how to maintain and manage a wound. Staff used this information to address the risks to people's safety. Records we looked at showed these risks were reviewed regularly by the nursing staff to ensure the person remained as safe as possible. One person told us, "They [staff] are so careful with me when they are getting me ready". Care staff we spoke with told us they reported any changes with a person's risks or safety the nurse in charge for action and review. Nursing staff and care staff told us they worked well together to ensure changes to person's needs we noticed and reviewed if needed.

People were supported by nursing staff to take their medicines as needed. People also said if they needed additional medicines for pain management they were given these on request, which we saw during the inspection. One person said, "I manage [my own] pain medication".

Nursing staff on duty who administered medicines told us how they ensured people received their medicines as safely as possible. Nursing staff checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked area and unused medicines had been recorded and disposed of.

Good

Is the service effective?

Our findings

People were supported by a staffing team that understood their health and care needs. One relative told us, "The communication is good" if there were any changes in their family member's care. Care and nursing staff said they were supported with supervision and training and told us they were knowledgeable about how to provide care to people.

The staff training reflected the needs of people and care staff confirmed their training had enhanced or embedded their current knowledge. One member of care staff told us their training, "Makes us do our job better, we can ask questions [name of trainer] is a good trainer". Nursing staff they worked well together and took time to have clinical and practice discussion to review and monitor people's care. We saw this happened daily in a management meeting to review people's care and ensure the nursing and care staff were able to continue to meet people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were provided with choices and the decisions they made were seen to be acted on by the care and nursing staff. One person told us, "It's my body and my right", and said the staff respected that. People who had not had been able to make a choice or decisions about their care and support on their own were supported with a best interest assessment which was recorded in their plan of care.

The registered manager had submitted DoL applications to the local authority where the person had been assessed as having the deprivation of liberty restricted. All staff had received training and understood the requirements of the Mental Capacity Act in general, however the staff would benefit from further support to show how this reflects on the care provided to those people and the specific requirements of the DoL in place.

People told us they enjoyed the food and commented how much they enjoyed their lunch. People were supported by staff where they needed assistance and were not rushed Staff provided a verbal prompt of the food on the plate and a choice of what people would like next. Care staff regularly monitored people's food and drink intake where needed to ensure people received enough nutrients in the day, if they were at risk of this. Kitchen staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet people's diverse and individual needs.

People had been supported with visits from the opticians, dentists and records we looked at showed their test were up to date. The GP visited the home weekly or when required if there were concerns about people's health. Other professionals had attended to support people with their care needs, such as social workers, consultants and specialist. One person said, "I have a review with the GP to see if I can move [my legs]".

Good

Is the service caring?

Our findings

People we spoke with told us they enjoyed living at the home and had developed friendships with the staff and felt they knew them well. One person told us, "I have a good laugh with staff, they are very, very compassionate". We saw people were relaxed with staff and some smiled in recognition of their faces or approached them for comfort or reassurance. All staff responded with smiles and an unhurried approach. Staff sat with people so they were able to make eye contact and looked for visual or physical responses.

People told us about how they were able to direct care staff with their day to day care needs and were pleased they were able to maintain a level of independence. We saw care staff were careful not to take over a task from a person and involved people and offer encouragement and guidance if needed. Staff were aware that people's independence varied each day depending on how well people felt. One person told us, "I am not a 'has been' and they [staff] don't treat like I am". Staff supported people with their privacy and dignity and ensured doors were closed for personal care. Staff were careful to ensure information was not shared from staff to other people living in the home, for example staff were discreet when asking people if they required personal care.

People were supported by staff if they became upset. One person told us, "I sometimes feel miserable, they come in and, cheer me up". People were treated compassionately and with dignity and respect. We saw staff chatting with people living at the home and they were friendly, sharing jokes and laughing with people.

People were supported by staff to maintain their preferences and daily routines and staff responded to people's requests. The management team and nursing staff ensured people were supported with natural waking times, alongside any care and support needed. This was reflected with people we spoke with and one person told us, "I like to wake early and as the eldest in the family I woke early to help Dad".

Good

Is the service responsive?

Our findings

People told us they received support in the way they preferred and in response of their feelings and well-being. Our observations showed care and nursing staff had time to talk to people and to spend time listening to what they had to say. Staff ensured people were offered drinks and cared for them when people needed assistance to mobilise.

People's plans of care were structured and developed around their own health and care needs. All staff and the management team told us that they regularly spoke with people about their care. There was a designated key nurse for each person who maintained the care plan in partnership with the person, their family, and other health and social care professionals. People's families had helped to support their relative and communicated information about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

We saw information about people's care needs were discussed between the management team, nursing and care staff to ensure staff understood how to support someone. For example, people's support needs were discussed in detail each morning with the management team, so they would know about any changes to the care and support needed. Care staff reported any changes to a person's needs to the nursing staff for review and action.

Three people we spoke told us they chose to spend their days in their rooms or the communal areas. We saw t people were supported to try new things. For example, model making linked to their pervious life experiences. One person commented they liked the group activities offered and enjoyed completing puzzles. People could also choose to take part in group activities. The registered manager was in the process of employing a further member of staff dedicated to providing activities and engagement with people.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns or complaints. The registered manager told us and we saw that they asked people how they were or if they wanted to talk about anything. All staff and the registered manager said where possible they would deal with issues as they arose. There was a formal process in place to for people to use, however there were no current complaints about the care people received.

Good

Is the service well-led?

Our findings

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.

People and relatives we spoke with told us the staffing and management team were supportive and approachable. People and their relatives had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care being provided. A newsletter had been requested by people at a meeting in the home and has been in produced since January 2017. People had been involved in developing the newsletter and providing feedback on its content, for example adding puzzles and meet the team items. The registered manager said they saw people regularly, and this was evident in interactions we saw and the conversations we heard.

There was registered manager was supported by a nursing and care team. Nursing and care staff we spoke with told us the home was well organised and run for the people living there. The management team was supportive and the registered manager felt able to approach the regional director with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments on people's care. The registered manager had worked with staff on human rights and inclusion diversity. For example, they had developed awareness of the lesbian, gay, bisexual and transgender people (LGBT) with the staffing team to help ensure an inclusive home for people, visitors and staff. The next stage was to use this information around the home to demonstrate this.

The provider had continually ensured that the quality and safety aspects of the home and people's care had been checked. Audits were completed on a weekly, monthly, six monthly or yearly basis, and involved the regional director and BUPA's internal inspection department. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and reviews of complaints. Where shortfalls were identified as a result of the audits, they had been combined into the registered manager 'home improvement plan'. Timescales were put in place to ensure the improvements were made. For example, changes were being made to end of life care planning to improve the information around people's wishes and choices.

The registered manager sought advice and best practice from the clinical team and from other professionals to ensure they understood and knew about good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries and social work teams. The management team and care staff had also included schemes from the local authority, through self-assessment tools and accredited training, to ensure current best practice for people living with dementia.