

Heatherdene Limited

Heatherdene

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Heatherdene provides support for up to 23 people who were living with mental health conditions. People required a range of support to enable them to live independent lives. There were 21 people living at the home at the time of the inspection.

There is a registered manager at the home. 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.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 7 and 9 June 2016.

Staff were kind and caring and treated them with the respect they deserved. People were listened to, their views were respected and acted on. Staff provided people with the individual and personalised support they required. However, recent changes at the home meant that people's future needs may not be met.

People were supported by staff who knew them well however their records did not always reflect the support they required and received. There was an audit system in place however; this had not identified some of the shortfalls we found. There was a lack of PRN guidance in relation to people's medicines and there was no assessment of the potential impact from the smoking room on people who lived and worked at the home.

Staff had a good understanding of the risks associated with the people they supported and knew what actions to take to ensure they remained safe. They had a good understanding of how to safeguard people from the risk of abuse.

There were enough staff, who had been safely recruited working at the home. Staff were well supported and received the appropriate training to enable them to meet people's individual needs. Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to see the appropriate healthcare professionals when they needed to, to ensure they remained healthy. They were supported to eat food and drink of their choice. They were encouraged to maintain a healthy diet.

Feedback received from people was positive about the support they received, the approach of the staff and atmosphere in the home. There was an open and positive culture which focussed on people. The staff told us they felt supported and listened to by the registered manager.

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 ●

Heatherdene was safe.

There was a system in place to ensure people's medicines were managed safely.

Staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures in place to safeguard people from abuse.

People were supported by sufficient number of staff and recruitment procedures were in place to ensure only suitable people worked at the home.

Is the service effective?

Good ●

Heatherdene was effective.

The service was effective.

Staff were trained and supported to deliver care effectively.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were provided with food and drink that they required and were encouraged to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good ●

Heatherdene was caring.

Staff knew people well and displayed kindness and empathy when supporting them.

Staff treated people with respect and their dignity was maintained. They communicated with people in a way that met

their individual needs.

People supported to maintain their independence and make decisions about how they spent each day.

Is the service responsive?

Aspects of Heatherdene were not responsive.

People received support that was responsive to their needs because staff knew them well. However, changes at the home had not ensured people's future needs would be met.

People were able to make individual and everyday choices and staff supported them to do this.

The service sought feedback from people and their views were listened to and acted upon.

Requires Improvement



Is the service well-led?

Aspects of Heatherdene were not well-led.

Accurate and complete records were not maintained to ensure care delivery could be monitored. The audit system had not identified some of the shortfalls we found.

There was an open and positive culture which focussed on people. The staff told us they felt supported and listened to by the registered manager. Staff were clear about their roles and responsibilities.

Requires Improvement



Heatherdene

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 was an unannounced inspection on 7 and 9 June 2016. It was undertaken by an 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.

Before the inspection 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 home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records, three staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home and seven staff members including the registered manager. We observed the support which was delivered in communal areas to get a view of support provided across all areas. This included the lunchtime meals.

We last carried out an inspection at Heatherdene in January 2015 when we had no concerns.

Is the service safe?

Our findings

People told us they felt safe at the home. They said this was because staff looked after them and the environment was secure. One person said, "We feel safe because it's a safe environment, with staff and support." Another person said, "The staff make it safe because they make sure we are looked after." People told us there were enough staff to support them, "One person said, "They're always available."

People told us they received their medicines when they needed them and had a good understanding of what they were for. One person said, "I don't know what they are but I know why I need to take them." Some people were able to take their own medicines and others required the support of staff. One person told us, "I wouldn't remember, that's why I'm glad the staff do it." Medicines were stored, administered, recorded and disposed of safely. Medicines were ordered by staff to ensure they arrived at the home prior to them being needed. Stock balances were checked to ensure excess medicine was not stored at the home. When medicines were delivered they were checked by staff to ensure all required medicines had been delivered. This meant if some medicines were missing staff had time to re-order them before people needed them. Medicines were appropriately stored in a locked cupboard, given to people as prescribed and recorded on the medicine administration record (MAR) chart. The MAR chart included information about any allergies and a photograph for identification purposes. People generally approached staff when they needed their medicines. These were recorded, when given, on the MAR chart. Staff also recorded on a white board in the medicine room when people had received this medicine. One staff member told us, "If someone is late having their morning medicines we record it on the white board so all staff know their next dose of medicines needs to be later." This ensured people received their medicines appropriately and as prescribed.

People who chose to and were able were responsible for their own medicines. Risk assessments had been completed to ensure they were safe. People were given a week's supply of tablets which they signed to say they had received. Staff regularly assessed people to ensure they were taking their medicines as prescribed. Staff told us one person had become unwell and they identified this person had not been taking their medicines. Following discussion this person told staff they needed support to take their medicines.

MAR charts were completed correctly. They were checked three times a day to ensure medicines had been given and MAR charts had been signed. This helped to ensure everybody received their medicine as prescribed. Before staff were able to give medicines to people they received training and were assessed to make sure they could do this safely. Staff were regularly assessed to ensure they remained competent to give medicines.

Recruitment checks were undertaken before staff began work. This helped to ensure, as far as possible, only suitable people were employed at the home. This included an application form with employment history, references, photographic identification and a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

People told us there were enough staff working each shift to ensure they received the support they required.

One person said, "They are about, always." In addition to the support staff there was a cook five days a week and a laundry assistant who worked part time at the home. Staff were responsible for cleaning the home and for cooking people's meals when the cook was not at work. Staff told us there was enough staff to support people in the way they wanted to be supported. One staff member said, "If someone wants to go out there's always staff available." We saw this was what happened during the inspection. Some people needed support at specific times others asked staff and it was provided. For example we saw one person ask staff if they could accompany them to the shop and this was done.

Specific and environmental risks associated with supporting people were identified in the care plans and risk assessments. Staff we spoke with had a good understanding of the risks associated with supporting people. The risk assessments identified the risk, who was at risk and what actions were required to minimise the risk. For example some people smoked. The risk assessment identified they were aware of where they could smoke in the home and were also aware of the health risks to themselves and what they could do to reduce the risk. We saw people were regularly asked if they would like help to stop or reduce smoking. People were able to go out on their own and risk assessments identified although they were not at risk they may be if they didn't take their medicines or their health deteriorated. Other risks included travelling in the car and what steps staff should take to minimise the risk of some people distracting them whilst driving. This included having another staff member to support the person. Some people required support to manage their money safely and there were risk assessments in place to support this. For example some people left their money in the safe and accessed it when they needed it. Their money was held securely, all transactions were recorded and audited regularly.

People told us they felt safe at the home. They were protected against the risks of harm and abuse because staff knew what actions to take to protect them. We asked people what they would do if they didn't feel safe. One person said, "I would tell the manager or my carer." Another person said, ""It would never occur," meaning they believed they would always feel safe. Staff had received safeguarding training and were able to tell us about different types of abuse and what actions they would take if they thought someone was at risk. This included speaking to the manager or other senior staff within the organisation. They were also aware of how to report concerns to appropriate external organisations. Staff were confident that any abuse or concerns would be quickly identified and addressed by any of the staff team. The registered manager had discussed concerns with the local safeguarding team and made referrals when appropriate to help ensure people were not at risk.

Regular health and safety checks took place and these included water temperature and fire safety checks. Staff had received fire safety training and undertook regular fire drills where the home was evacuated. There was regular servicing for gas and electrical installations. Day to day maintenance was recorded and signed when completed. There was a plan in place for general maintenance of the home and this included external painting which was due to take place in the summer. There were cleaning schedules and checks to highlight any areas which required attention. There were systems in place to deal with emergencies which meant people would be protected. There was guidance for staff on what action to take and there were detailed personal evacuation and emergency plans in place for everybody. The home was staffed 24 hours a day with an on-call system for management support and guidance.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to look after them. They told us staff were good and understood their needs. One person said, "They do listen, especially if you are down." They told us the food was good and they had a choice of what to eat and drink.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection people had capacity to make their own decisions and nobody was subject to a DoLS authorisation. We saw the registered manager had contacted the DoLS team to gain further information about the need to submit an application for one person. Staff told us everyone could make their own decisions but if this changed then best interest meetings and discussions with other professionals would take place. One staff member said, "We don't have to agree with the decisions some people make but we do respect them." Some people at the home were under section of the Mental Health Act which meant they had to live at Heatherdene. They received regular reviews by the mental health team and social worker. People told us staff always ensured their consent prior to offering any support. One person said, "They just ask me."

When staff started work at the home they received a period of induction where they were introduced to the home, people, policies and day to day routine. They also undertook the Skills for Life Care Certificate training which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. As part of the care certificate staff received regular supervision and observation of them in practice to ensure they were competent to provide the support people needed. Staff told us the induction enabled them to get to know people and the day to day routines of the home. There was an ongoing training programme and staff received essential training which included mental health awareness, health and safety, safeguarding, mental capacity and infection control. In addition they received training specific to the needs of people they supported this included forensic mental health and learning disability awareness. Staff told us the training provided them with the knowledge they needed to support people. They told us the Mental Health training gave them insight into how mental health conditions may affect people who lived at the home. Staff received regular supervision which they said was helpful and they felt supported by the process. They were able to discuss any individual concerns or areas they wished to receive further training. One staff member told us they had discussed with the manager they enjoyed learning and as a result had commenced further training in relation to equality and diversity.

People told us they enjoyed the food and had plenty of choices. One person said, "Food is very nice and it has improved in the last few years." They told us they had a menu and made choices each day. People were supported to maintain a healthy, nutritious diet. The cook and staff had a good understanding of people's dietary needs and choices and were aware of the importance of eating healthy and nutritious food. Fresh

vegetables were served daily and fresh fruit was available in the dining room for people to help themselves. There was a four week menu and people were able to choose what they had to eat and drink throughout the day. The menu included two choices at each meal and alternatives in people did not like what was on offer. One person said, "The food is really good, there's always choices and you can have seconds." We saw meal choices were discussed at residents meetings and people's individual preferences were taken into account. There was a kitchen which people could use to make themselves hot or cold drinks and snacks throughout the day. One person told us, "You can make as many drinks as you like." If people did not wish to eat at the mealtime their food was saved for them to eat later.

Nutritional assessments were in place and these identified if anybody was at risk of malnutrition or dehydration. We saw a number of people had a high body mass index which meant they were too heavy for their height. Discussions had taken place with them regarding losing weight. One person had stated they were happy the way they were and this was respected. Another person had said they would like to lose weight and staff were supporting this person to do so. People who required specialist diets were supported to follow them to help maintain their health. For example people who were diabetic drank sugar free drinks.

People told us they were encouraged and supported to maintain good health and regular contact with healthcare professionals. One person said, "I've been to the GP, chiropodist and audiologist and I also have an appointment at the hospital. This meant people received support from appropriate professionals to maintain their physical and mental health when they needed it. This included the mental health team, community psychiatric nurses, dentist, chiropodist and GP. Where necessary staff supported people to attend their appointments and others were able to attend independently. Some people were reluctant to do this therefore staff made arrangements to suit people's individual needs and preferences. Some people were supported by health professionals who visited people the home. Other people preferred their consultations to take place by telephone with support from the staff and this had been arranged with individual healthcare professionals. One person told us they didn't like visiting the doctor but knew they had to do this sometimes. Some people had declined medical and dental support. Staff were aware of this and continued to encourage and support people appropriately. Visiting healthcare professionals told us staff ensured people were referred to them appropriately and supported people to follow guidance offered.

Is the service caring?

Our findings

People told us they were happy living at Heatherdene, they said staff were kind and they were well-looked after. They said staff had time for them. We were told, "Staff are very nice," "It's a very happy atmosphere," and "Staff are caring." One person said, "You won't find anything wrong here, you won't find anywhere better." Another person told us, "It's a very happy atmosphere here."

People told us they were treated individuals. One person said, "They take time to talk to us as individuals." Staff were able to tell us about what people liked to do, their personal histories and interests. People were involved in decisions about their day to day support and were able to decide what care and support they required. Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. People knew who their keyworker was and were able to talk with them about their support at any time. We observed people getting up and spending time how and where they wished. Interaction between people and staff was relaxed and friendly. Staff always had time for a chat and we heard laughing and joking throughout the inspection. One person said, "They give you time when you need to talk." It was clear that staff had a good understanding of people's needs and had a genuine affection for those they supported.

The home had a calm atmosphere. People were relaxed and comfortable and spent the day as they chose. Some stayed at the home in their bedrooms, communal areas or garden. Others went out on their own or with staff. People told us they were able to spend the day as they wished. One person said, "It's up to me what I do." People were given space and time to do things for themselves with staff in the background ready to talk and provide support if required.

People's privacy was respected. One person told us staff respected them. They said, "Staff are nice, friendly, helpful and professional in their work always." Everybody had a key to their bedroom door and those who chose had a front door key. Staff told us some people were anxious about losing the front door key so chose not to have one. Staff did not enter people's bedrooms without their consent and doors remained locked when people were not in their rooms. One person said, "Staff are very polite and respect your privacy." Some people invited us to see their bedrooms, these were individual and contained items that made the room 'home' to the person who lived there. People were supported by staff to keep their rooms clean and tidy in a way that suited them.

We heard staff talking to people quietly and respectfully and using their preferred name. Staff were discreet when speaking with people and offering them support. They did not discuss personal information or care support in communal areas. One staff member told us, "We don't do anything that may make people think we are talking about them to someone else."

People were supported with patience and empathy and their individual choices were respected. We observed staff supporting one person who was distressed and unwell. They did this with kindness and understanding which enabled the person to maintain their dignity and reduce their distress. People were dressed according to their individual tastes. Staff were aware of the importance of providing the right level

of support to enable people to retain and improve their independence whilst ensuring their needs were met. One person said "Their (staff) approach is nice and they make you feel like you're a person."

Some people required support and due to the nature of the mental health condition they were living with wished for it to be delivered in a specific way. Staff were aware of these wishes and supported people appropriately. For example one person required their support at a specific time and staff ensured this was provided. Other people required prompting and reminding, for example to ensure they maintained their own personal hygiene needs. Some people had expressed a preference of who they would like to support them and where possible this was in place. Staff told us how they had worked to support one person whilst their regular staff member was on holiday to ensure their needs were met.

Is the service responsive?

Our findings

People said staff responded well to their needs. They said they were able to do whatever they wished throughout the day and received support from staff when they required it. One person said, "I go out every day, by myself as I'm free to come and go as please." Another person told us they didn't go out because they chose not to."

Staff knew people well and had a good understanding of their needs. However, changes in the managing of the finances of the home meant people's needs in the future may not be met and were to some extent currently reliant on the goodwill of staff. People and staff told us some people liked to go out regularly to a café with staff. This was an important part of their day to help them maintain good emotional health, maintain their outside contacts and have one to one time with staff. Throughout the inspection we observed people approaching staff to, 'go out for a walk and a cup of coffee.' Staff told us previously when they accompanied people they had been able to purchase a hot or soft drink for themselves and this would be reimbursed by the provider. However, they were no longer being reimbursed and they felt they would not be able to continue to take people out if they had to pay for themselves. One staff member said, "I can't go out and not have a drink, that's not sociable, if I do that the person offers to pay and that's not right either." Another staff member said, "I want to do what's right for people but I really don't have that amount of money to spend each week, it's costing me a lot." We recommend the provider seeks advice from the appropriate funding authorities to ensure peoples assessed needs continue to be met.

Following the admission of people individual care plans were written and contained information, such as their preferred daily routines, what people could do for themselves and the support they needed from staff. However, the information did not include any goals or long term plans for people or evidence that discussion had taken place to identify if for example a person would like to attend college or work. Especially for people who were younger or more recently moved into the home. We identified this as an area that needs to be improved. The registered manager told us most people had lived at the home for a long time and were happy with the life they were living. This was confirmed by people and visiting professionals we spoke with.

People were assessed prior to moving into the home. The registered manager told us the assessment process ideally took place over a number of months. This involved the person visiting the home, spending time during the day then for example staying for a weekend before making the decision to move in permanently. This meant people could be sure their needs could be met and they would get on well with people already living at the home. The assessment also included other professionals who were involved in supporting the person. Some people had been living in a more secure environment prior to moving into the home. The assessment ensured people would be able to live safely in an environment that allowed them to come and go as they pleased.

Staff were updated about people's changing needs at the daily handover. The information was recorded for staff to refer to throughout the shift. There was a daily planner which was completed by the team leader to show staff responsibilities for each shift. For example who was responsible

Most people went out of the home on their own as they wished. They walked to local shops, cafes and parks. Others went to visit friends and family. Some people chose to be accompanied when they went out. Some people liked to go out in the car. They decided together where they would like to go and this was supported by the staff. Some people had regular routines and others approached staff when they wanted to go out. Within the home people were able to follow their own interests and hobbies and some completed their own daily chores and others required the support of staff. We observed a number of people spent most of their time at the home, they told us this is what they enjoyed, they had plenty to do and were not bored. People were relaxed in each other's company and spent time together. If conflicts did arise these were handled appropriately by staff who knew people well. Staff had a good understanding of the support people needed. Support was seen to be personalised to each individual. Routine and structure were important for some people and staff ensured these people received the support they needed appropriately. Other people needed support to ensure they attended their regular health appointments whilst others attended independently.

People's views were sought and listened to on a daily basis and through resident meetings. Records showed people were asked about their views of the care and menu choices. The range of activities was discussed and people had informed staff where they would like to go and they were supported to do this. People told us they could speak to the registered manager or staff at any time if they wanted a chat or had any concerns. People told us they felt listened to and supported. Feedback surveys from 2015 showed people's family and friends and healthcare professionals were satisfied with the service people at Heatherdene received.

People told us they were happy to make a complaint if they needed to. One person said, "I don't need to (make a complaint) but I would speak to the manager or staff if I did." Another person told us, "If I was unhappy about something I would see the carer." There was a complaints procedure in place and this was available for people to read. People were asked each day if they had any complaints and these were recorded and addressed appropriately. We saw people regularly approaching staff to discuss concerns throughout the inspection. For example one person complained about how another person had spoken to a member of staff. The person was thanked for their concern and reassured. When complaints had been received we saw these had been addressed appropriately.

Is the service well-led?

Our findings

People and staff told us the atmosphere at the home was calm and open. They could talk to the registered manager at any time and were well supported. One person said, "It's brilliant, relaxed, calm and the people are nice."

We found that people's care plans did not always contain the information staff needed to look after people. For example one person's care plan stated they were able to make their own decisions and choices but staff to be aware if support was needed. There was no information about how staff may identify this person required support. Some people were under section of the Mental Health Act which meant they had to live at Heatherdene. Some had conditions applied to their section which meant there were restrictions on where they could go or what they could do. This information had not been recorded in their care plans. Another person's care plan stated they had a health condition but did not include any guidance for staff. We found this information in people's health file but there was no information in the care plan to guide staff to the more detailed information. Care plans were not always personalised for example people had been asked if they would like to be woken at 7am or called if they were not up by 11am. However, we saw people were supported and able to get up whenever they chose. This document did not reflect the support people received. Care plans did not always demonstrate people had been involved in their development and review. Through our discussions and observations we saw people were involved but this had not been recorded.

Daily notes did not reflect the level of support, interaction and activities people were involved in during the day. These issues did not impact on people because staff had a good understanding of their needs. However, lack of written guidance may leave people at risk of not receiving support they need or receiving inconsistent support. Staff had a clear understanding about the PRN medicines people had been prescribed there was no guidance for staff to follow to ensure consistency. For example where pain relief had been prescribed there was no information about whether this was for 'general aches and pains, or for a specific reason. This did not impact on people because staff had a good understanding of why people had been prescribed medicines. People themselves were also aware of what their medicines were for.

There was a system in place to monitor the management and quality of the home however, this was not always effective. The audit system had not identified the lack of PRN guidance for medicines. These are areas we identified to the registered manager that need to be improved.

There was a smoking room at Heatherdene, this opened directly into the home. The odour of smoke was notable throughout the ground floor of the home. The audit system had failed to identify the impact this may have on people and staff who did not smoke. There were no risk assessments in place to address the impact of passive smoking. There was no evidence any measures had been put in place to minimise the risk and reduce the amount of smoke that entered the home. We recommend the provider seeks guidance from an appropriate professional with respect of this concern.

The audit system had identified people's care passports and health action plans had not been completed.

The registered manager told us she was aware of this

The registered manager told us there had been a period of unrest at the home due to recent changes which included the new financial arrangements. These concerns had been addressed through staff meetings and team discussions. Although some concerns remained staff were positive about working at Heatherdene. They told us how much they enjoyed their work and felt supported by the registered manager and encouraged in their roles. They told us they had regular supervision with time to talk about their work and their individual roles and expectations.

The registered manager had worked at the home for a long time and had an excellent understanding of people, their emotional, physical and social support needs. She had developed good working relationships with healthcare professionals and worked together with staff for the benefit of people. She was visible in the service and we saw people and staff approach her comfortably with questions or just to chat. She maintained her own professional knowledge and skills. She told us she was becoming an assessor for new staff who were completing the Care Certificate and to ensure she was aware of what was expected of staff she had completed the Care Certificate herself.