

Federation of Jewish Services

The Heathlands Village

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8, 9, 11 and 25 October 2018 and was unannounced on the first day.

Our last comprehensive inspection took place on 18, 19, 28 January and 1 February 2016. We found no breaches in the Regulations at that inspection.

The Heathlands Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 Heathlands Village provides a wide range of care services for up to 214 older people from both the Jewish and Non-Jewish community. The Heathlands Village is divided into six units. Beach House, residential dementia, Wolfson, residential, Unit 2 residential, First Floor residential, the Simon Jenkins nursing unit and Oakwood nursing dementia unit. The Heathlands Village is situated in extensive well-maintained grounds. At the time of our inspection visit the service was undergoing extensive restructure and design and only 121 people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2016 we rated the service as 'good', with an 'outstanding' rating for the key question, 'is the service responsive?'. At this inspection we found the evidence continued to support the rating of good and the service could demonstrate continuous improvement.

We found concerns about the safe control of substances hazardous to health (COSHH) on the new dementia unit, Beach House. The registered provider acknowledged that this was a result of people moving around the service. The registered provider's maintenance team acted to rectify this issue immediately.

Overall, people's medicines were safely managed. However, we raised some concerns about the storage of non-medicated creams and thickeners as well as the recording of thickeners that were not on the computerised medicines system. We were aware that the service was in the process of changing their supplying pharmacist and computerised medicines systems. The registered manager assured us that they would address the shortfalls we found with the new pharmacist and additional medicines cabinets would be provided. Minor issues were addressed immediately by the provider.

Recruitment procedures were sufficiently robust to protect people from the risk of unsuitable staff. However, improvements were needed to the registered providers application form to ensure a full employment history was maintained. This was addressed immediately by the provider during our inspection.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse taking place. Improvements had been made to the security systems of The Heathlands Village.

We saw further improvements had been made to strengthen moving and handling procedures and health and safety training for staff in line with Health and Safety Executive (HSE) guidance.

The service was clean and tidy throughout and no malodours were detected.

We saw that the service had made changes to the site to make it more dementia friendly and provide a quieter area for people to live who were receiving end of life care. The registered provider had completed refurbishment of an existing area to create a new smaller dementia unit which was to a very high standard. This was to be the blue print for other areas of the home. It was recognised that these changes did not suit everyone. However, action had been taken by the registered provider to help minimise the impact.

There were adequate numbers of staff to support people safely and effectively. Staff had received or had access to training to help them support and care for people safely and effectively. Improvements had been made in staff training and more support was being offered to staff from human resources to improve staff retention.

People had access to health care professionals both on and offsite.

People enjoyed the food that was offered which was overseen by the Manchester Beth Din.

People's religious needs were able to be met on site. Following requests from relatives we saw that Yiddishkeit (Jewish customs and way of life practices) had been further promoted with more work planned. Non Jewish people were also welcome to live at The Heathlands Village and their needs would be catered for and adapted to. For example, the provision of Asian meals.

We saw frequent and friendly exchanges between staff and people who used the service and the atmosphere was calm and relaxed.

There were a wide range of facilities to access and arrangements for social activities were wide ranging with additional support provided by volunteers if needed. The new exercise bikes had proved to be a hit with people who use the service.

The service had recently received the highest level of the gold standard framework to support people nearing the end of their life to receive compassionate and supportive care that met their cultural needs.

People were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints to help drive improvement and were discussed at a high level.

People told us and we saw that managers at all levels were visible, approachable and supportive. We saw that the service had recently appointed a care quality assurance manager. Part of this role was to maintain quality assurance in line with CQC regulations and Key Lines of Enquiry.

There was a strong emphasis on continually striving to improve and working in partnership with others. The service actively sought and acted on the views and opinions of people who used the service, relatives and staff. The service had developed a clear and visible code of practice that supported a positive culture and

value base, which was expected to be followed by all people connected with The Heathlands Village.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found concerns about the safe control of substances hazardous to health (COSHH) and minor shortfalls in the medicines in specific areas across The Heathlands Village.

We saw further improvements had been made to strengthen moving and handling procedures.

Improvements had been made to the security systems of The Heathlands Village.

Is the service effective?

Good ●

The service remains effective and demonstrates continuous improvement.

We saw that the service had made changes to the site to make it more dementia friendly and provide a quieter area for people to live who were receiving end of life care.

The registered provider had completed a new smaller dementia unit which was to a very high standard.

The service provided excellent training opportunities to staff, particularly during their initial probationary period

People had regular access to health care professionals. The service had introduced flu jabs for staff on site to help protect people who use the service from infection.

Is the service caring?

Good ●

The service remains caring and demonstrates continuous improvement.

People's religious needs were able to be met on site.

Following requests from relatives we saw that Yiddishkeit (Jewish customs and way of life practices) had been further promoted with more work planned.

We saw frequent and friendly interactions between people who used the service, relatives, visitors and staff.

Is the service responsive?

Outstanding 

The service remains extremely responsive and continues to be rated outstanding.

The arrangements for social activities were wide ranging. The service continually strived to find innovative ways to stimulate the people who used the service

People nearing the end of their life received compassionate and supportive care that met their religious and cultural needs.

People were actively encouraged to raise concerns or complaints. The service used complaints to drive improvement.

The service actively sought and acted on the views and opinions of people who used the service, relatives and staff.

Is the service well-led?

Good 

The service remains well led.

We found a number of shortfalls, however these were dealt with immediately during our inspection.

A care quality assurance manager post had been created to ensure that the service was meeting the regulations at all times through best practice.

The service had developed a code of practice that supported a positive culture and value base, which was to be followed by all.

There was a strong emphasis on continually striving to improve the service and work in partnership with the local community.

The Heathlands Village

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 took place on 8, 9, 11 and 25 October 2018 and was unannounced on the first day. The delay in returning to give feedback to the service was due to the ill health of the adult care inspector.

The inspection team on day one consisted of one adult social care inspector, an assistant inspector, a SpA pharmacist and an expert by experience. One adult care inspector returned to the service for a further three days. A SpA is a specialist advisor who has specific knowledge in an area of practice. 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 had experience of residential care services for older people who are living with dementia.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before our inspection, we reviewed the information we held about the service including notifications the provider had made to us. We also contacted the local authority safeguarding and commissioning teams and the clinical commissioning group (CCG). They raised no concerns about the service with us.

During the inspection we spoke with 11 people who used the service in detail and many more briefly as we carried out our inspection. In addition, we spoke with five visiting relatives and also to a local doctor who visited the service each week.

We also spoke with the registered manager, the chief executive officer, two clinical service managers, the quality assurance and development manager, the health and safety manager, head of human resources, head of housekeeping, chef, one nurse, two night staff, a team leader, a shift leader and four day care staff.

During the inspection we carried out observations in all public areas of The Heathlands Village and across all six units. We looked at the care records for seven people and the medication systems on two of the units we visited. We also looked at three staff files and reviewed a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our last inspection we rated the safe section of the report as Good. At this inspection the service was rated Requires Improvement.

In May 2017 we undertook an announced focussed inspection. This was prompted by information we received about an incident following which a person using the service later died. At that inspection we found that the service was not in breach of the regulations because the service had satisfactory systems in place to help ensure the safe transfer of people who used a hoist.

At this inspection we found that the service had taken action to minimise the risk of any repeat occurrence and continued to improve and strengthen systems relating to moving and handling people. Health and safety policies had been reviewed. All staff were required to complete Care Certificate standard 13 (Health and Safety) including a moving and handling competency checklist. Regular observations of work-based practice were carried out to help ensure competence and confidence. Comprehensive face to face health and safety training was provided for all staff by a suitably qualified external trainer. We saw that a number of 'cricket transfer aids' had recently been purchased to help reduce the number of transfers needed by use of a hoist for some people. A cricket is a transfer frame which enables people to transfer from a sitting to standing position safely and without the need for a hoist.

We were told by the health and safety manager that there had been no further incidents involving a hoist. We spoke with a shift leader who told us they were happy with the training they had received to carry out spot checks of staff.

The restructure and redesign of The Heathlands Village meant that many of the people who lived there had moved across units in a well-coordinated manner. However, we found that one safety issue had been overlooked. Some people had moved onto a new dementia unit known as Beach House in June 2018. When we visited this unit, we found unlocked cupboards that contained chemical substances hazardous to people's health and safety and also prescribed thickeners, and which could be harmful if swallowed. When we pointed this out to the registered manager they addressed the issue immediately and locks were added to the doors by the maintenance team. The health and safety manager added to the health and safety audit that a visual check of cupboards must be carried out by the health and safety champions when undertaking the audits on the units. This would ensure all dangerous substances were stored securely. We walked around all other areas where people lived. We did not find a repeat of this on any other areas on the site.

Medicines were managed safely. We found a small number of minor concerns, for example, the storage of non-medicated creams. At the time of our inspection a new pharmacist was on site. Following recent medicines audits they were in the process of providing a new computerised medication system. We were informed by the registered manager that the new pharmacist had agreed to provide secure storage for non-medicated creams.

The Heathlands Village used a computerised system to record when medicines were administered, but we

noticed the recording of thickeners were not on this system. The provider told us thickeners would not be recorded on the system as part of the daily medication administration system. Giving thickeners during the day did not form part of the regular administration rounds.

We were aware that the service was in the process of changing their supplying pharmacist and computerised medicines systems. The registered manager assured us that they would address these shortfalls with the new pharmacist, and additional medicines cabinets would be provided to ensure any non-medicated creams and thickeners would be stored securely.

When we checked recruitment files we found checks had been made to ensure that new staff were suitable to work with vulnerable adults. We advised that the registered provider should now be taking a full employment history for people rather than 10 years. The application form was amended to reflect this immediately.

People who used the service told us that they felt safe at The Heathlands Village and were well looked after. They said, "I feel safe as there are people around me who can help me" and "I wouldn't feel safe anywhere else I feel so secure."

Relatives told us, "Mum is far better off here than at home as she kept on falling and it is peace of mind for me that she is safe and not on her own" and "I live abroad and I couldn't do that if I knew [relative] wasn't well looked after. I am so grateful to The Heathlands for the care [relative] receives."

We saw that the environment was safe both inside the premise and out. Keypad coded locks were in place on exit doors to the dementia units. There was a security night patrol and customer services in the main reception area was staffed throughout the night. Since our last inspection a new and improved CCTV had been installed on the site and alarm pendants were available for people to use outside. Where individual risks specific to the people who used the service, such as risk of falls or poor diet and hydration care files included risk assessments and guidance for staff to follow to reduce the identified risks.

Records showed and staff confirmed they had received safeguarding adults training. Staff we spoke with could demonstrate what action they would take should they have concerns about a person or behaviours of a colleague.

Staff we spoke to told us they had no major concerns about staffing levels. They said they were occasionally short staffed because of last minute sickness of staff members. Where possible the service did not use outside agency staff but used their own regular bank staff, if regular staff were not able to cover absences. The service used a phone app to alert staff of any available shifts to cover. This meant staff could request the extra hours and had reduced the time spent trying to contact staff to cover shifts. It helped to ensure better consistency for people who used the service.

We saw copies of the staff rotas for The Heathlands Village. We saw that there were adequate numbers of staff available to support people.

Staff interacted well with people they accompanied as they supported them safely between rooms when necessary. Where people used wheelchairs, we saw that footplates were used to protect people's feet from injury.

We spoke with the health and safety manager who told us about their role in ensuring the health, safety and overseeing the development of The Heathlands Village site. They told us that all maintenance and servicing

of the equipment and premises was in place and up to date, and produced documentation to support this. A business continuity plan was in place.

People who used the service and relatives said, "The home is spotless the cleaning staff are always cleaning" and "No unpleasant smells like other homes." Our observations confirmed this was the case and no malodours were detected during our visit.

Is the service effective?

Our findings

At our last inspection we rated the effective section of the report as Good. At this inspection the service demonstrated continuous improvement and remained Good.

The Federation of Jewish Services (known as 'The Fed'), which managed The Heathlands Village, had invested resources into the service. This ensured that it was at the forefront of care for older people, keeping abreast of new research and development and ensuring that the staff were trained to follow current best practice. We saw that the service had recently appointed a care quality assurance manager. Part of this role was to maintain quality assurance standards, and to seek new and innovative ways to provide safe care and support. We saw the service had developed a number of new techniques using modern technology to enhance the quality of life for the people who lived in The Heathlands Village. Moreover, the service had contributed to development of good practice in the care sector. For example, it had recently been chosen to be a teaching care home test site by the Greater Manchester Health and Social Care Partnership and had applied to be part of national teaching care home pilot in partnership with Salford University. The national scheme is funded by the Department of Health to develop centres of excellence in care homes in partnership with Foundation of Nursing studies (FoNS)

People we spoke with who lived at The Heathlands Village and their relatives all felt the staff knew them really well and could meet their needs. They told us, "The girls are all caring and lovely", "I get on well with the staff I can ask them if I need anything and they always help me", "The staff know me well they know what I like to eat". They told us that staff spent time getting to know people. One person explained, "It takes time to know people. I don't have any complaints." They enthused about the facilities, and were keen to tell us how much they enjoyed living at The Heathlands Village. One person said, "Compared to other homes I have been in this is marvellous", and another commented, "Its 5-star quality living here". They told us about the café and food provision: "The café is good value and it's fantastic that we have a choice of where to eat". We saw a buzz of activity and interaction when we looked around the activity areas and community café which were well decorated, clean and bright and people appeared well cared for.

The service had reflected on how best to deliver person centred care and support, at our previous inspection the dementia unit was housed in a large building separate from the main area by some distance. This meant people living with dementia would have difficulty accessing the amenities available on site. Moreover, people who had nursing or palliative care needs had been supported in the main building, close by the main communal areas, café, activity centre and the general hubbub and activity, which was not always compatible with their care needs. Following a consultation process and best interest meetings, it was agreed to move people who had nursing or palliative care needs to Eventhall House, where it was quieter, and move people living with a dementia to the main building where they would have more access to the village facilities and activities. The long-term aim of the service was to provide a service where people who lived with dementia lived together in smaller groups, in line with current best practice in dementia care.

The move had recently been completed. It was recognised that several people were not happy with the changes and the increased distance away from the activity areas at the centre of the service. In response we

saw that the service had widened the doors so people could more freely access the bridge to the main site, provided electronic wheelchairs to assist people with difficulty mobilising and remote control pendants were issued to residents and relatives for the doors on the bridge to allow easier access back to the nursing unit. These actions limited the negative impact of the move and allowed for greater independence. We were informed by the registered manager that the building of a bistro was being considered by the registered provider.

The new dementia unit followed a seaside theme, and was called Beach House, where people were supported in small groups providing a more family and person-centred approach. Adjacent to this unit was a well-designed themed 'Seaside Garden'. Alterations had been made to the existing corridor, with dementia friendly LED lighting in place to help people move around safely. This also gave the appearance of shortening the distance to travel. Beach House and Garden were seen to be impressive, bright and airy with coloured doors and displayed with large numbers. We saw that new light systems had been added to people's bedrooms that mimicked, sunrise, sunset and daylight to help people maintain their routines. Light sensors were also in place so that if a person moved during the night the lights would activate. There was also a new electronic sensor system to alert staff if a person moved or if more independent person came out of their bedroom door. Staff said of Beach House, "People have adapted really well to the change" and "It's beautiful."

We saw that there was a selection process which involved people who used the service in the recruitment process and they sat on interviews of prospective candidates. To determine the personality of the candidate and to ensure they had the right value base to work with vulnerable people. Applicants were asked to bring in items that were important to them and talk about them to check for meaningful responses.

Many members of staff we spoke with had worked at The Heathlands Village for many years. This allowed for continuity of staffing and ensured staff were familiar with the people who used the service. Since our last inspection the service had reviewed how they supported any new staff. Induction training took place in the first week that a new staff member came to work at the service. One staff member told us that changing the induction programme to the staff members first week had made an improvement as new staff now had some knowledge before they worked directly with people. Each new member of staff had an experienced mentor who was familiar with the people whom they supported. For the first six months of their employment each new member of staff was supported by the human resources (HR) team who provided a full induction and probationary period including a six-week review, so that they could check that the new staff member was receiving appropriate support from their mentor, line manager and team. One new care worker told us, "The training made me feel more comfortable and I understand people's needs." We were told that the new induction process had helped to improve staff retention.

Staff we spoke with told us that they appreciated the training provided at The Heathlands Village and that they found it useful. One staff member said, "We are always learning new things because things change." The HR manager told us that they had reviewed how the service trained staff and had developed a full and comprehensive training pathway. All new starters undertook induction training and we saw that new staff completed the Care Certificate. The Care Certificate is the minimum training standard that care workers are expected to achieve. The induction checklist included an assessment of the staff member's competence to carry out particular tasks.

When staff had completed the induction training they were expected to enrol on the Qualification Credit Framework (QCF) Diploma at Level 2 or 3. We saw evidence that showed applications were being made. Other staff had undertaken National Vocational Qualifications (NVQ) Level 2 in health and social care. Further training had been developed and was accessible to all staff in three stages. Stage 1 was compulsory

training for all staff and staff returning from a period of absence and included any refresher training. Stage 2 provided compulsory training for the organisation to meet the regulations and contractual obligations. Staff could move on to Stage 3; training for staff who wish to develop specific areas of skill and interest. Additional refresher training, manager training and continuous professional development was provided on an ongoing basis. We saw a list of training dates available between October 2018 and December 2019, which showed when training was available for staff to access. We saw that staff received regular supervision and an annual appraisal in March 2018 from their line manager and a record of the session was kept.

Since our last inspection we saw that the registered provider had introduced new management training for managers. This should help ensure managers achieve continuous professional development and support improvement in team work and accountability across the whole of The Heathlands Village.

The doctor attended the service once a week and visited on request the rest of the week. We spoke briefly to a doctor who had been conducting surgeries at The Heathlands Village for many years. They told us that they had a very good working relationship with the staff at The Heathlands Village. They were particularly impressed with the end of life care arrangements and how effectively nursing patients had been moved across the site despite the logistics. There was also a physiotherapist and an assistant available on site for people to access. District nurses, chiropodist and opticians visited the site.

At our last inspection the service was in the process of improving dental services for people who used the service. They had purchased a dentist chair and were looking into an NHS contract for a dentist to be based on site. We were informed by the registered manager that although the service still had the dentist chair, the contractual arrangements for providing this service were more complex than anticipated. At this inspection we noted that arrangements were in place to protect people who used the service from ill health, for staff to receive a flu injection on site from a registered nurse. Plans were also in place to train nurses to carry out ear syringing at the request of relatives so that people did not have to wait for appointments.

We saw that for a short time the service had run a short stay unit where people were admitted to the service from hospital via the trusted assessor scheme. The registered manager said that people from all religious and ethnic backgrounds had used the service. They told us that the service had been a great success with only three of the 40 people using the service being admitted into residential care. It was hoped that this service could be used again in the near future.

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).

The registered manager had a tracker in place for applications made for DoLS. They told us that the local authority and most others did respond and carry out best interest assessments but others did not. A best interest meeting was taking place during our inspection with the doctor and the religious director as how to support a person nearing the end of the life and their family.

The service had taken advantage of new technology and had introduced new 'Nourish' handheld care planning pads which held all available information about people to allow quick and easy access by staff. We saw that information about DoLS and Do Not Attempt Resuscitation (DNAR) arrangements were highlighted on these pads where they were in place. This would alert staff to any conditions about their decision making, and guide staff to support people when considering their capacity.

Most people and the relatives we spoke with said the food was good. Two people said, "Some days the food

is good" and "The quality of the food has gone downhill and could be improved."

We saw that people had access to food and drink at all times. Each day the servery areas on units were supplied with any food stocks that the staff had requested so that they were always well stocked. There was also a hospitality service available for people who chose to eat in their flats or rooms. People also had access to the café and the restaurant areas. Both were seen to be well used by people. People were seen to have access to drinks throughout the day.

We saw that the Manchester Beth Din, a Jewish organisation, monitored the kitchens to ensure they meet Kosher requirements. This involved a daily kitchen inspection by a person representing the Beth Din. The religious director for the service also had oversight of the kitchen to ensure that kosher requirements were adhered to.

We were told about how the kitchen works with activities staff to ensure food is provided to celebrate religious festivals for example, Large events were also catered that were held at The Heathlands Village to which everyone was invited to attend.

Is the service caring?

Our findings

At our last inspection we rated the caring section of the report as Good. At this inspection we saw that the service had continued to make improvements to the service and the service remained Good

Throughout the inspection, we found evidence that people who used the service had meaningful opportunities to influence the day to day running of The Heathlands Village. This helped to ensure that people had an enhanced sense of well-being and exceptional quality of life.

During our visit we observed extremely good interactions between people who used the service and visitors and staff. The atmosphere at the service was very relaxed with a strong and clearly defined person-centred culture.

People who lived at The Heathlands Village we spoke with told us they were all well cared for and well looked after. They said that they knew the staff names. Comments were consistently positive, for example people told us, "All the staff are brilliant. They know me, and are very good. They look after me. I can talk to them and I can do what I want to do", "The staff know me and call me by my Christian name", "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help", "The staff make the place. They make it homely and are very kind", "I like to keep independent, and the staff respect my wishes", "I can do what I want when I want to", and, "If anyone complains about The Heathlands there is something wrong with them."

Relatives we spoke with were similarly effusive. They told us, "It's an incredible place, warm, friendly atmosphere", "Staff are lovely", "I feel so lucky my mother is here", "You have everything in here you want" and "I can visit at any time of the day and always feel welcome."

All staff regardless of their role, from admissions staff, reception, café staff, porters etc, were seen to be smiling, welcoming and polite. We saw polite and respectful interactions between people who used the service and staff. Most people we spoke with told us they were able to make choices and choose their own clothes and were involved in their care plan. People were seen to be well presented. We heard that some people were addressed by their first name, and others by their full names, for example Mr, Mrs or Miss, depending on their individual preferences. Staff told us, "I think people are treated as individuals. We can't please everyone all the time, but we do our very best to. There are lots of activities. Something for everyone", "It's a safe environment, homely, and the food choices are amazing," and, "I love working with the residents. Every day is different. We treat the residents as you would your mum or dad."

The service was sensitive to people's cultural and spiritual needs, and recognised that faith and heritage was extremely important for many of the people who used the service and their visitors. For example, to maintain family life, family members were encouraged to stay overnight on Shabbat. We talked with the religious director who oversaw that people's cultural needs were being observed in relation to food and religious practices. We saw that there was a Synagogue based at The Heathlands Village and a service was held there every morning and every evening. There was also a library that people could use to access

religious books. The Synagogue was run by members of the local community. The religious director told us about the importance of the Synagogue. They told us that the Synagogue remained modest and unchanged since The Heathlands Village was established and accepted everyone from orthodox to non-orthodox.

At our last inspection the service was working with synagogue committee members to develop and expand 'Yiddishkeit' (the quality of the way of life, customs and practices of being Jewish) at The Heathlands Village. Since that time the deputy manager for activities had taken on the role of ensuring people with more orthodox needs were met. The service works with Chabad - Lubavitch which is a world-wide orthodox Jewish outreach organisation that caters for the spiritual and material needs of Jews wherever they are in the world. They work with anyone who is Jewish, regardless of affiliation or level of religious belief. The organisation supplied 'hosts' for traditional Shabbos meals, helped to organise special parties for Jewish holidays. They had remained in contact and were available if the service needed information or guidance. At the time of our inspection the service was considering ways staff would not have to rely on using electrical equipment on Shabbos without compromising the quality of care.

Having a sense of family and belonging to the wider community was recognised as very important to people. The activities staff worked closely with the wider community to help reduce people's sense of social isolation and increase intergenerational opportunities. For example, Brownies came into the activity centre service each week to sing to people who used the service. We saw that the Village had celebrated the opening of Beach Garden with a Pirate Treasure Hunt for people who used the service, tenants, relatives and children to attend.

Staff were mindful of people's need for stimulation and the service recognised that loneliness and isolation could be a factor affecting the quality of life for some people. In response they had developed a volunteer service to tackle this issue. We saw that there was a large team of volunteers and saw many volunteers supporting the service in various roles, for example, in the café, or engaging with people who used the service. If an activity request could not be met by The volunteer service would then try and match a volunteer with similar inter befriended and meet a person's needs or support them with an activity.

We saw that one volunteer had recently received the Order of Mercy in recognition of their 40 years dedicated voluntary work at The Heathlands Village. We also saw that since our last inspection a volunteer had been awarded 'The Queen's Golden Jubilee Award' for voluntary service.

At our last inspection we were told the service had been actively engaged in the 'My Voice' project. The project works with people who were refugees and survivors of the holocaust in recording the positive stories about the new lives that they had created. This work at The Heathlands Village had been completed and we saw two copies of the stories that had been published with the intention for future generations to read.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We were told that the registered provider had recently completed a video for people to watch and a braille version of the service user guide.

The service had a very strong culture of preserving people's right to self-determination, and encouraged people to be independent and meet their own needs as far as possible. Examples included choices about where and when to eat; a range of facilities and activities available, and no set routines for activities, allowing people to decide for themselves what they would like to do. People's right to privacy was respected.

Some people had attended and been active in the resident's meetings which were held regularly. People we spoke with who had attended these meeting enjoyed them as they were able to express their views and air any concerns. They felt their views were listened to and implemented. We saw a copy of the last resident's forum held on 3 June 2018. People discussed the catering, building work update, activities and the activities programme for June 2018 and any other business people had to discuss. This included, the need to ensure clothes were labelled (it was noted that approximately 17,000 items a week were laundered), transport to hospital, waiting for assistance away from the hairdressing salon and employee of the month.

The Heathlands Village also had a relative's forum. There were terms of reference in place which had been ratified by the relative's forum. Recent concerns raised included, missing laundry, transport and movement around the village and improving the atmosphere during Shabbat and Yom Tov.

People felt respected, listened to and kept informed of any developments in the service. We saw that people who used service, staff and volunteers were kept informed about what was happening within the organisation through 'The Fed Express' newsletter. There was also a 'Staff and Volunteer' newsletter, as well as staff forum meetings. We saw copies of the 'Staff and Volunteer' newsletters for February and June 2018. Information included changes in advertising to 'Caring for Our Community', staff awards, a celebration attend by 50 volunteers during 'Volunteers Week', new feedback boxes around the Village and updates such as gin tasting, lifesaving equipment in new defibrillators and the local Mayor choosing The Fed as one of their chosen charities.

Is the service responsive?

Our findings

At our last inspection we rated the responsive section of the report as Outstanding. At this inspection the service remained Outstanding.

All the public areas of The Heathlands Village were seen to be clean and tidy, well decorated and well used by people who used the service. We saw that there were a wide range of facilities for people who lived at The Heathlands Village to use. Facilities included, Shul (Synagogue), a café, Balcombe Hall, a restaurant, a function room, an activity centre, a village shop, hair and nail salons, an atrium and a medical suite. Most people chose to spend most of their time in these areas with family, friends and friends from The Heathlands Village. Everyone spoke very highly of the activities team and felt there was always something to occupy them. People were encouraged to maintain and follow their interests.

The service responded to people's needs for activity and stimulation at their own pace. Whilst recognising that for some this might be sedate, the managers and executive board saw admission to The Heathlands Village as an opportunity for people to move on in their lives, develop new friendships and explore new possibilities. The service reflected the diverse needs and wishes of the people who used the service and continued to explore novel ways to provide support and stimulation.

Activities arranged daily were clearly advertised and displayed around The Heathlands Village and a copy of the weekly activities sheet was placed at reception and on the tables in the café area. We saw a plethora of exciting opportunities had been developed.

The service had recently introduced 'spin fit virtual reality' exercise bikes in the activity room. Whilst pedalling on an exercise bike, an interactive high definition video screen was set to local places which had been specially filmed, such as around Prestwich and Heaton Park as well as places from all around the world, giving the impression to the rider that they were actually in these places. Everyone who used the service we spoke with and relatives were very impressed with the new exercise bikes' in the activity room. One person said, "They are expensive and it started as a pilot scheme for 3 months and I do hope they are here to stay." One relative we spoke with said, "The bikes are fantastic for my [relative] as [relative] is recovering from an operation. It helps with [relative's] mobility and we can relive our holiday in Tel Aviv even though [relative] is unable to verbally communicate [relative] can see all the places we visited."

The exercise bikes could be operated by people by peddling using either legs or hands or could be set to work automatically for people with dementia who may forget to pedal. The registered manager said that the popularity of the exercise bikes had been a welcomed but total surprise. People from all across The Heathlands Village site were encouraged to use the bikes, which were used from first thing in the morning to last thing at night. Improvements in people's health and wellbeing had been made as well. We were proudly told that The Heathlands Village came thirteenth in an international competition, which led to a celebration at the service. At the end of the inspection we were informed that donations had been received to purchase two of the bikes. One person told us, "I have received a diploma for the most active resident," and were pleased to show us their medal.

Some people told us they had formed a choir and were looking at putting a concert on at Christmas. At Beach House professional musicians were seen playing the harmonica and accordion for people to listen to in the afternoon.

We saw a music therapist came into The Heathlands Village and spent time with people living with advanced dementia, either within a group or one to one sessions. We saw at our last inspection what a positive impact these sessions had on people's well-being. At this inspection we saw that students visiting from the Royal Northern College of Music to carry out a project on the impact of music for people who lived with dementia. An internationally known local singer had also come into The Heathlands Village to sing with people.

Activities staff told us that part of their role was to ensure religious festivals were observed and they worked closely with the religious director to achieve this. They told us they put together a programme of activities for each festive occasion and this was distributed to people who use the service. We saw that many activities had taken place such as the Shavuot Fayre, Rosh Hashanah Chocolate Workshop and Yom Tov social evenings. It was noted that food played an important role in these events. People from the local community have used The Heathlands Village for events and people and relatives across the site were invited too.

Most people we spoke with were happy that the staff knew them well and what their likes and dislikes were. Some relatives told us they had been involved in developing their relatives care plans with them.

We saw that when a person moved into the home a 'Family and Friends Shared Care Agreement' was completed. This document gave relatives and friends information about the aims and objectives of The Heathlands Village and the importance of working together in the best interest of people who used the service.

We looked at seven care plans during our inspection. The provider used a computerised system for recording people's care plans. This helped ensure staff members had appropriate and up to date information about the people they were supporting. We saw that the service was in the process of trialling a new hand-held device computerised care planning system. This was allowing staff to spend less time writing up notes and give them more time to spend with people who use the service.

Since our last inspection the provider had been awarded the Platinum status for the Gold Standards Framework (GSF) in palliative care which helped to ensure people who used the service received good quality care at the end of life.

We saw that the registered provider had produced information about GSF, end of life information for family and friends and a guide for the bereaved which was accessible to people. We saw that the service had recently completed their plans to move people who were receiving end of life care to Eventhall House. This provided a quieter and more dignified setting for people who were nearing the end of their life and their families. Facilities were in place for people's family and close relatives to stay close by as people neared their death.

The Heathlands Village has its own mortuary. The purpose is to care for people immediately following their death in line with Jewish tradition, religion and practice. The Heathlands Village had staff that were trained to verify death. In partnership with the GP practice and Coroner's office an established protocol was in place for end of life care. This respects individual's wishes and beliefs, and is a comfort to families who use the home for a period of mourning.

We saw information that showed, where a person had progressed along the end of life the person's doctor was informed about the change in the person's condition. This was to ensure that anticipatory controlled medicines were available if needed to provide the person with appropriate pain relief.

Support from the religious director and the person's doctor in these discussions was available. We spoke briefly to a visiting doctor who commented positively on the care provided by the staff at The Heathlands Village.

We saw that The Heathlands had the facilities available to meet the religious and cultural requirements following a person's death, with volunteers helping prepare the body for burial.

The service had a complaints policy and procedure. The majority of we spoke with knew how to raise complaints. Some people had made complaints and others knew who they would go to if they had any problems. One person said, "I would go to the staff on my floor or the manager and if that didn't work I would ask my relative to complain for me." One relative told us about a complaint they had raised following the move from one unit to another. They told us that the complaint they had was appropriately addressed.

We saw a copy of a summary report for September 2018 analysing complaints, compliments and feedback matters from 1 January – 31 August 2018 for the whole of the Heathlands Village. Information showed an increase in compliments from the same period last year, a decrease in the number of feedback matters and an increase in the number of complaints. All open complaints were discussed at Quality Assurance Meetings. We saw notes of the most recent meeting held on 4 September 2018 where action resolve the complaints was discussed. No complaints were closed by the quality assurance manager until they were certain that the complainant was 100% satisfied with the outcome.

A monthly newsletter was produced for friends and family, to keep them informed as to what was happening at the service. We saw a copy of the October 2018 newsletter which shows, the opening of the Simon Jenkins nursing unit, the visits from an international singing star and the chief nursing officer for England, Rosh Hashanah flowers to celebrate Jewish New Year and employee of the month.

Is the service well-led?

Our findings

At our last inspection we rated the well led section of the report as Good. At this inspection the service remains Good.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people we spoke with knew the registered manager and felt they had the opportunity to raise any concerns if they wished to. They said they felt comfortable in approaching the registered manager or any member of staff and thought they would be listened to. We received positive feedback from the local clinical commissioning team who stated, "Heathlands are an active member of the nursing and residential care forum, they are part of implementation of the Red Bag Scheme and are currently involved with The Teaching Care Home pilot for Greater Manchester Health and Social Care Partnership. I have nothing but praise for their clinical and senior management team."

The registered manager was also the director of clinical services. They were supported by two clinical services managers who covered days and night services. They were also supported by the chief executive officer, the board of trustees and a range of internal managers. We saw that the service had recently appointed a care quality assurance manager. Part of this role was to maintain quality assurance in line with the Regulations and Key Lines of Enquiry.

We saw records that showed that there were clear lines of governance, roles and responsibility throughout the organisation from the Board members through to the senior management team. We also saw there was a 'Who's Who at The Fed,' which showed a picture of all staff members and detailed their role. Significant work had been completed on organisational strategy including staff, residents and volunteers.

The CEO as Nominated Individual had completed the appropriate training and regularly worked shifts alongside care staff including night shifts to ensure greater engagement with the workforce. The CEO attends all staff inductions to reinforce values and safeguarding principles and welcome new employees. The CEO is currently chair of the Greater Manchester Independent Care Sector Network. This role was created by Greater Manchester Health and Social Care Partnership to help improve dialogue with the Greater Manchester care sector to help drive change in terms of quality and provision.

We saw that there were large well-organised teams of staff in operational departments including admissions, human resources, catering, housekeeping, hospitality, laundry, porters, security and maintenance. These departments provided support to staff responsible for providing nursing and personal care to people who used the service. A staff member said that, "HR are fantastic. If you have a problem they are so supportive."

We were told the clinical services managers were always on call in the evenings and at weekends and this was confirmed by staff. We saw that there were reporting systems in place, completed by team and shift leaders that ensured managers were aware of what was happening at this large site. This meant that the registered manager knew where people who used the service and staff might need additional support. Examples included, incidents, falls that had occurred, follow up on doctor's visits and concerns around pressure area care.

We found several shortfalls identified in the safe section of the report. We noted that the registered provider took immediate action to address these issues. We saw that nurses or team leaders were responsible for completing weekly audits which were then passed to the registered manager to check. These included weekly medicines checks, care plan audits and sling checks and handover information. Monthly housekeeping audits were also undertaken.

We saw that there were identified staff champions on each unit we visited who took responsibility for the oversight of health and safety, dignity, fire safety, infection control, continence, nutrition and oral hygiene. We saw a presentation that had been developed by an oral hygiene champion to share the training they had recently attended with other staff. More presentations of this nature had been planned, for example, health and safety, to help keep staff up to date with changing and best practice.

We saw a copy of The Federation of Jewish Services Investors In People Standard Assessment Report carried out in August 2018. Positive aspects of the report indicate a commitment to planning, values that are embedded across the organisation, a commitment to engage with stakeholders and developing knowledge and skills within the organisation.

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. This document was dated but showed that all the plans for improvement in the document had been completed. This included, the development of Beach House, working towards the use of hand held care plan devices for staff, changes to staff training and new members of the Board.

The staff forum meetings gave staff the opportunity to raise any concerns they had about the organisation in confidence without senior managers being present. We saw the minutes of the meeting held on 8 August 2018, which also gave feedback from the CEO and the registered manager about what action they would take to resolve the concerns raised. Minutes showed a range of issues were discussed, including use and safety of the Seaside Garden and the behaviours of a small number of visitors towards residents in the Sunny Lounge. We saw that since the last inspection the registered provider had introduced an employee of the month award. A resident was involved in the panel for choosing the winner from the nominees to help promote people's involvement in the running of the service.

We saw a copy of Federation of Jewish Services Vision and Strategy for 2018 and toward 2030, which referred to respecting the past and embracing the future. Key areas of work for 2018/19 include maintain and improve facilities, relocate nursing and residential services to optimise care provision, explore ways to improve services through new technology, improving staff recruitment and reducing social isolation and loneliness. During our inspection evidence showed the service had come a long way in meeting these goals.