

Heatherdale Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heatherdale Healthcare Limited is a care home providing nursing and personal care. The service can support up to 43 people. There were 36 people were living at the home at the time of the inspection. The service supports people aged over 65 years some of whom are living with dementia and a range of health needs. Accommodation is provided over two floors with a communal lounge, dining room and activity room on the ground floor.

People's experience of using this service

People and their relatives said their experiences of the service were positive. One person told us, "Staff are always on training, so I think they always know what they are doing. I would trust my life with them." A relative said, "The staff seem to love him(person living at the service). He gets on really well with the staff. They support him mentally and emotionally, as well as physically. They are really good".

There had been a number of improvements since the last inspection which benefitted people. People could be assured their complaints would be responded to; nurses had the knowledge and skills to support and monitor people's health conditions; the service was monitored to ensure people received a quality service.

This included systems for monitoring the quality of the service, the handling of complaints, nurses clinical training, the monitoring of clinical risks and the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood how to apply the principles of the Mental Capacity Act 2005.

There were systems to recruit suitable staff and enough were available to meet people's needs. The provider had ensured staff were deployed where they were most needed at the service.

People told us they felt safe and staff understood their roles in safeguarding people from harm. Risks to people had been identified, assessed and staff knew how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns.

People's nutritional needs were assessed and met, people had access to health and social care professionals as required. The environment was suitably adapted to their needs.

People told us staff treated them with care and kindness. They had a personalised plan for their care that reflected their needs. An activity coordinator was employed, and people were offered a range of in-house and external activities. People's wishes relating to their end of life care needs had been discussed with them or their relatives, where appropriate.

People and their relatives were positive about the manager and the way the home was run. In a survey of people who used the service the overwhelming majority of people said they would recommend the service to others. A relative said, "I think the manager is open and transparent and has a good reassuring background. I know they are looking at involving the relatives and the residents in making improvements to the home."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 24 October 2018) and there were three breaches of regulation with regards to risk management, handling complaints and the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We carried out a targeted inspection on 13 August 2020 to check on specific concerns we had about management of risks, infection control and the governance of the service. We carried out an additional targeted inspection on 9 December 2020 to check on a specific concerns we had about infection control and staffing. We did not find any additional breaches of regulation during these targeted inspections. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service is Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heatherdale Healthcare Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heatherdale Healthcare Limited

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a specialist nurse 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.

Service and service type

Heatherdale Healthcare Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager whose application to register with the Care Quality Commission was being processed. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with thirteen members of staff including the manager, area manager, clinical nurse lead, two nurses, the head of care, five senior/care staff, the chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We attended the daily departmental meeting and observed staff supporting people in the lounge and part of the lunchtime meal.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including staff training, health and safety and quality checks and audits.

After the inspection

The expert by experience spoke with five people who used the service and five relatives about their experience of the care provided. We also received positive feedback from a National Health Service care liaison adviser and the GP.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last comprehensive inspection improvements were needed to ensure risks were effectively managed. A staff member was not always present in the lounge to assist people. Also, staff did not have access to guidance about how to support people who may become anxious.
- At this inspection the deployment of staff ensured there was a staff member based in the lounge to respond to people's needs and ensure their safety. This was observed throughout the day of the inspection.
- Assessments of risk had been carried out for each person's health, social and personal care needs. Staff had access to clear guidance about how they needed to support people in a safe and consistent way. Staff described how they cared for people in line with this guidance.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced. An external consultant had praised staff for their knowledge of fire procedures in the service's fire risk assessment. Health care professionals described the environment as safe for people who lived at the service.

Using medicines safely

- At the last comprehensive inspection medicines were not always robustly managed. This was because some people did not have protocols about the frequency and dosage of medicines which were prescribed as to be administered 'as required' (PRN).
- At this inspection, there were clear directions to guide about the frequency and dosage of PRN medicines.
- People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines.
- We observed staff administering medicines safely. People told us that staff always inform them that it is time for their medicines and ask if they need any pain medicines.

Staffing and recruitment

- At the last inspection there were not enough staff at night to evacuate people safely if there was an emergency. During the inspection the provider immediately increased night staff levels and arranged for a fire safety check to ensure staff levels at night were safe.
- At this inspection the provider continued to use a dependency tool to help ensure there were sufficient levels of staff during the day and night. We observed people were assisted when needed and call bells answered in a timely manner.
- The majority of feedback was that there were enough staff available to meet people's needs. One person told us, "The staff know what they are doing; there are enough staff, but you could always do with more staff."

It would be nice but not essential; I'm not complaining. Everything I want done, gets done."

- There continued to be a range of checks before staff started employment, to make sure staff were suitable to work with vulnerable people. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. Checks had been completed to ensure nursing staff were appropriately registered with Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives described the service as safe. One person told us, "The staff are all wonderful. I feel safe and why should I not trust them? They are good to me. They help me move around and give me any support I need. If I want it, I get it."
- Staff understood what might be considered as safeguarding and who they should report any concerns to. They knew where to go outside of the organisation if they needed to. They told us they were confident the manager and provider would act to address any safeguarding concerns.
- The manager and area manager understood their responsibilities in relation to safeguarding. They had raised appropriate safeguarding referrals with the local authority and CQC as required.

Learning lessons when things go wrong

- Staff understood how to respond to and record if a person had an accident or incident. Significant events were reviewed by the manager to ensure appropriate action was taken at the time and afterwards.
- Significant events were used as opportunities to learn how things could be done differently in order to improve people's care. Lessons learned were shared with staff at handovers or staff meetings.
- Actions taken to improve the service in response to lessons learned included staff training, improved communication with health care professionals and ensuring the security of the building.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection of the service the provider had failed to ensure staff were supported, suitably qualified and competent to meet the full range of people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection care and nursing staff had undertaken a programme of training which reflected people's needs. This included nurses training in catheter care and specialist feeding being refreshed, which had been highlighted as absent at the last inspection.
- Staff had participated in a wide range of training which was relevant to their roles. This included mandatory training such as moving and handling people and health and safety. Staff also undertook training in relation to people's specific needs such as diabetes, Parkinson's disease and epilepsy.
- Staff new to health and social care received an induction in line with the Care Certificate which included a period of shadowing more experienced staff. Staff completed a range of specific training and competency checks to meet the needs of people at the service and were encouraged to undertake wider health and social care training.
- People said they were supported by trained and competent staff. One person told us, "Staff are always on training, so I think they always know what they are doing. I would trust my life with them." Staff had regular supervision which offered support, assurances and learning to help staff develop.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last comprehensive inspection, the principles of MCA had not been consistently followed. Where people had been assessed as lacking capacity to make a decision, best interest decisions had not always been recorded.
- At this inspection, areas where people may not have the capacity to make decisions were highlighted. This prompted staff to undertake capacity assessments with interested parties, so a specific decision could be made in the person's best interests.
- Our observations confirmed that staff checked with people before they provided care.
- Applications for DoLS authorisations were submitted appropriately. These were monitored to ensure any conditions were met and that a reapplication was made if needed before an order expired.

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

- Assessments continued to be carried out with people, their families, and health and social care professionals where relevant. They included all aspects of people's needs including their protected characteristics. The service used nationally recognised assessment tools to assess and plan care delivery to meet people's needs.
- A health care professional told us when people were referred to the service, the manager assessed them promptly. They said assessments took place in person, rather than on the phone, which they considered to be more personal.

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

- People continued to be supported with their nutritional and hydration needs.
- People were assessed to see if they were at risk of poor nutrition and their food intake and weight were monitored. Staff fortified people's meals when assessed as needed and followed guidance given by the dietician. People including those nursed in bed, had access to drinks throughout the day and where there was an identified risk, people's fluid intake was monitored.
- People were offered choices at each meal time and also snacks between meals. There was a menu on each dining table advertising that people could try a salad or smoothie as healthy and nutritious options. The cook knew people's likes, dislikes and any specialist diet and provided foods accordingly. One person told us, "The cook does special meals for me; it's very tasty".
- Lunch was served in a dignified manner and people received the assistance they needed. People told us they usually enjoyed their meals. One person said, "I'm going to pinch the cook. The food has been absolutely brilliant; lots of vegetables and fruit. It's really, really good."

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

- People were supported to access a range of health care services when they were needed.
- Staff understood people's medical conditions and the action they needed to take so people lived healthy lives. For example, people with a catheter had a specific care plan setting out any signs or symptoms of infection and how it should be cleaned and changed.
- We received positive feedback from health care professionals about the good communication and working relationships with the service.
- Relatives told us they were informed about changes in people's health. One relative said that their family member had greatly improved since moving to the service. They explained that their appearance had improved and also that, "He looks much healthier."

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

- The environment continued to be suitably maintained and adapted.
- There were accessible toilets and bathrooms throughout the service. There was lift access to all floors and

hand rails to assist people when walking around their home. Signage was used to help people living with dementia navigate to where they wanted to go.

- People had access to the garden and there was an activity room in addition to the communal lounge and dining room.
- Feedback from relatives was that the décor and furnishing of the service was adequate. They said there were plans for additional decoration and for the garden.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Required Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection of the service the provider had failed to ensure there was an effective system to evidence complaint investigation or the action taken to address complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection a record was made if a person made a complaint, how it had been investigated and the outcome reported to the complainant.
- Complaints were reviewed monthly to monitor if there were any patterns and identified learning from mistakes.
- People and relatives said they felt able to raise any concerns. One person told us, "Staff are great and very trustworthy. If I have any problems I speak out and it gets sorted, but that's very rare to have an issue."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a personalised plan for their care that reflected their needs and preferences.
- Care plans included information about people's health, social and emotional needs. One relative told us, "The staff seem to love him. He gets on really well with the staff. They support him mentally and emotionally, as well as physically. They are really good." Another relative said, "There's a new manager and there is now a new care plan so it's very responsive to his needs."
- Staff were aware of people's preferences, likes and dislikes and important aspects of their life which helped support people in a person-centred way. One person told us, "The staff know me very well. They look after me very well, both the day staff and the night staff."
- People's health and well-being was discussed at daily departmental meetings, to ensure the service was responsive to people's needs. A relative explained how the service managed their family member's medical condition. "They manage it really well and have advice from professionals".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People 's communication needs were assessed as part of their care plan. Information could be made available for people in accessible formats which met their needs. This included larger fonts or pictorial information.
- Photographs of food were used to help people communicate their food dislikes and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for stimulation and socialisation and supported to maintain contact with family.
- The role of activity coordinator had been filled since our last inspection. Records showed there was a wide variety of activities on offer during the week including exercises, bingo, singalong, arts and crafts and celebration of special events. The service was re-establishing its programme of external entertainers as restrictions on visitors were easing. A pub event and BBQ had been booked for people and their families.
- People and relatives were positive about the activities available. A relative had complimented the service on how staff had celebrated their family members birthday and taken photos so the day could be shared with relatives who were unable to visit. "We can't thank you enough for these special priceless memories." One person said, "I don't do so many activities now. I like my own company. If the activities lady or any carers get a bit of spare time they come in and chat to me."
- People maintained contact with family and friends in line with government guidance. A relative said, "He has his zoom meetings with family and friends, and we sit in the conservatory with him."

End of life care and support

- People continued to receive appropriate end of life care tailored to their needs, so that they and their families were supported at the end stage of their lives.
- People had an end of life plan which recorded theirs' and their family's wishes and preferences.
- The service worked in partnership with the GP and a local hospice, so people received person-centred and pain free end-of-life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection of the service the provider failed to ensure systems to monitor the quality and safety of the service were effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection improvements had been made to quality monitoring systems. There was oversight of people's clinical care needs and risks in addition to existing internal audits such as infection control, health and safety and reviews of people's care.
- When staff repositioned a person to maintain healthy skin, they continued to record this in electronic and paper format. Together these records gave oversight of people's care. The provider's aim was, going forward, to hold only one record for easier recording and overview. Clinical training had been provided to nurses to ensure they had the skills to meet people's nursing needs. There had also been improvements in record keeping with regards to care plans and complaints.
- Checks and audits on the quality of the service included daily departmental meetings, daily walk around and health and safety audits. At clinical governance meetings discussions took place about people who were at high risk of falls, poor nutrition, choking and skin deterioration, to ensure steps were taken to lower risks to people's health and safety.
- Where shortfalls had been identified during the auditing process, the action needed to improve was added to the overall improvement plan for the service. For example, the care home quality visit in April, had highlighted some issues to be address at staff supervision and to start a programme of redecoration. Although the medicines audit found no concerns, it did not identify whose medicines were checked to ensure there was a random sampling of everyone's medicines records. The provider agreed to include this information going forward.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new manager had been promoted from their role as clinical lead at the service. They had been in post as manager since March 2021 and their application to be registered with CQC was being processed.

- There was a clear management structure. The manager was supported by the regional manager who was based at the service at the time of the inspection. Nurses were led by the clinical lead and care staff by the head of care.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider understood the duty of candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Lessons learnt had been discussed at management and staff meetings. A relative said, "I think the manager is open and transparent and has a good reassuring background."
- People and their relatives gave positive feedback about the management of the service. One person told us, "I can talk with the boss whenever I want. He sometimes pops in for a chat too. I don't know if we are getting a better one than the last one yet." A relative said, "From what I've seen I think it's managed very well. The staff are friendly as is the manager. He seems to be a nice man. Yes, I would recommend it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider led by example and sat talking with people at the service throughout the inspection. It was clear he knew people and the management team well.
- Feedback from health care professionals was the service was well led and the regional manager, 'very hands on'. They also told us staff were, 'friendly', 'respectful' and 'professional'.
- Feedback from people and relatives was that the service had recently improved. They were positive that additional improvements would be made with the appointment of the new manager. A relative said, "The manager seems clued up and is communicating well. There are more emails coming out."
- The service had received a number of compliments about the caring nature of the staff team. Compliments included, "We were overwhelmed by your compassion, kindness and understanding" ; and "Your admirable dedication and kindness was both consoling and comforting for us and X was obviously very happy in your care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they had attended a meeting to meet the new home manager. They said they found the meeting positive as discussions took place around plans to improve the service including the garden and activities. This included developing the garden with a sensory area and raised beds and re-establishing external entertainers. A relative said, "I know they are looking at involving the relatives and the residents in making improvements to the home."
- Throughout the pandemic people and relatives were kept up to date through regular newsletters. People said they and their family members were involved in regular reviews of their care.
- In the last survey of people's views about the quality of care they received, 17 out of 18 people said they would recommend the service to others. They responded that staff were trained, their independence was promoted, and they received the personal care they required.
- Staff said they felt well supported by each other and the management team. There were involved the running of the service via regular staff meetings and supervisions. This did not reflect the staff views in the last staff survey in July 2020. In this survey only six out of 13 staff recommended working for the service. The service was in the process of sending out new staff surveys to gain a more up to date view of staff satisfaction and to address any dissatisfaction.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals to enable people to receive 'joined-up' support. They had referred people to health care professionals including the GP, speech

and language therapist, dietician and tissue viability nurse.

- Staff supported people to receive coordinated care when they used or moved between different services. When people were admitted to hospital, they passed on important information about the person's care needs.