Hevercourt Limited

Hevercourt

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Hevercourt provides accommodation with personal care to older people including people living with dementia. There were 43 people using the service during our inspection.

People's experience of using this service:
We receive positive feedback about Hevercourt. A relative said, "We have been impressed by the levels of care. Our loved one's nails and hair care is good, they are clean and kept smart. There is attention to detail by staff and a good choice of meals. Our loved one always tells us they are happy, they smile a lot. We feel they are loved, safe and cared for." Another relative said, "We are very happy with this service, staff are wonderful, our loved one is kept clean, the food is really good, all fresh. I have noted that our loved one eats all his food, they lost weight at home, but here [at Hevercourt] they are eating three meals a day, plus lots of snacks and getting lots to drink." A health care professional commented, "The staff look after the residents well. The staff and management are always responsive to my recommendations." Members of staff said, "My colleagues go above and beyond at all time." And, "This is a happy home."

We observed staff meeting people's needs. Relative's told us that staff met their loved ones needs with care and compassion. Relatives told us they were involved in providing information about their loved one's so that staff knew people's likes, dislikes and life histories. We observed staff with kind and positive attitudes to delivering person centred care. During the inspection, we often heard staff saying kind things to people and observed that staff were friendly and attentive to people's needs.

The service ethos was person centred and people were treated in this way. Equality, diversity and human rights were promoted through staff training, practice and the providers policies. Care assessments included sections about people's backgrounds and lifestyles. People's sexuality was considered as part of the care planning and assessment process. Staff worked in partnership with people, respecting people's rights and always offering people choices about their care.

People's needs were fully assessed and people's right to retain independence in their day to day lives was respected. Staff understood how to safeguard people at risk and how to report any concerns they may have. The staff learnt from incidents and accidents to reduce the risk of them reoccurring. Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

Risks assessments and the ongoing maintenance of the premises and equipment minimised the risk of people being exposed to harm. The premises were adapted to people's mobility needs to make all areas of the premises and garden accessible to people.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service. Staff had supervision and personal development opportunities to learn skills in social care. Staff training was ongoing. There were systems in place for ensuring the staffing levels and staff skills balance were maintained to meet people's needs. This included meeting people's cultural needs.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained to administer medicines safely.

People were offered a range of food choices and encouraged by staff to eat healthily. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.
The quality and safety in the services was consistently monitored. The registered providers took an active role in the service, they often visited the service, meeting people, staff and relatives. The registered providers had a clear vision for the development of the service
End of life care was managed with compassion, taking into account people's views.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff followed good hygiene practice to minimise the risks from the spread of infection.

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

Rating at last inspection:
The last rating for this service was good (Published 02 November 2016). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This service was registered with us on 11 September 2018 and this was the first inspection.

Why we inspected:
This was a comprehensive inspection scheduled based on the published CQC inspection methodology.

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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below

Is the service caring?

Good

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good

The service was Well Led

Details are in our Well Led findings below

Hevercourt

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Notice of inspection:
The inspection was unannounced.

Service and service type:
Hevercourt is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Hevercourt staff do not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. 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.

During the inspection:
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We spoke with the nominated individual who was also the registered provider as part of our inspection: The nominated individual is responsible for supervising the management of the service. We reviewed information from five peoples care plans. We spoke with five relative's and a visiting specialist end of life care nurse. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We viewed quality audit records. We also spoke with the registered manager, deputy manager and four members of staff.

Good

Is the service safe?

Our findings

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

This was the first inspection of this service. At this inspection this key question has been rated as Good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were no safeguarding concerns about this service. Relative's consistently told us they felt their loved ones were safe. One relative said, "Everything is transparent, we have no concerns about safety."
- Staff received training about protecting people from abuse. Staff told us they understood their responsibilities to report concerns. One member of staff said, "The training we get leaves us in no doubt about the importance of people's safety."
- Staff told us what signs they look out for and felt confident the management team would listen and act on any concerns they raised. We saw an example of how staff reported concerns to the registered manager which had be discussed with the local safeguarding team. Actions had been taken that protected the person from further harm.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed and recorded. Risk assessments informed staff what the risks were and what actions to take to minimise them. Each person had an up to date personalised fire evacuation plan. Fire risks and practice drills were in place. Information was given to people about fire risks. Staff told us that their responses to emergencies like a fire were practiced.
- Risk assessments did not limit people's rights to choice and independence. People continued to participate in community activities. For example, records showed people often went out of the service to visit community facilities and the wider community. Additional risks people faced were assessed and instructions recorded for staff on how to promote people's safety if they had been diagnosed with medical conditions such as diabetes.
- General risks were assessed and potential hazards in the service removed. Daily checks were made looking for hazards, such as items that may cause people to fall. There was guidance and procedures for staff about what actions to take in relation to maintenance and health and safety matters.

Staffing and recruitment

- Staff were provided to people 24/7 based on their needs on an individual basis. A system was used to work out how many staff were required based on people's needs. We saw that an additional staff had recently been recruited based on this assessment. For example, additional twilight staff covered busy evening periods.
- Back-up staffing was provided through the existing staff team. This provided familiarity and consistency for people. Staff turnover remained low. Relatives told us that their loved ones benefited from consistent care from the staff team as there was no agency staff used to cover shifts, but staff covered absences in house.
- Staff were recruited safely. Staff confirmed that the providers recruitment policy was followed.

Applicants were interviewed, had references, and work histories were recorded. They had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Using medicines safely

● The use of medicines was managed safely in line with published guidance. Staff were trained to level two 'safe handling of medicines practice' and followed the provider's medicines policy. Staff told us in detail how they administered medicines safely. We observed this in practice. Full and complete medicines administration records were kept. These evidenced that medicines were given as prescribed. As and when medicines like paracetamol was managed safely.

● The administration of medicines was fully risk assessed. Medicines were stored at the correct temperatures in secure containers. Medicine stocks were counted and doubled signed where required.

● The registered manager audited medicines records to check staff were administering them correctly. Staff underwent observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection

● The service was clean and odour free. Relatives commented on how clean the service was and that staff were good at using gloves and aprons. Staff received infection control training. We observed staff using disposable gloves, hand gels were freely available and guidance about good hand hygiene was followed.

● Cleaning continued at weekends and staff followed a schedule of daily cleaning task which were checked by the registered manager.

● Infection control was audited on a monthly basis and the service had recently received a five-star food hygiene rating for the local authority environmental control team. This meant food was stored, handled and prepared safely.

Learning lessons when things go wrong

● Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective. There had been no reportable incidents since the last inspection that required any changes in people's care.

● A system was in place for the investigation of incidents to reduce the risk of them reoccurring. Accident analysis included types of accident, time and location. We saw that there were follow-up checks on people after accidents had happened, even if no harm had been caused.

● In response to accidents, for example falls, people were referred to external health professionals and equipment such as walking frames for use when mobilising were used to reduce risks.

Good

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.

This was the first inspection of this service. At this inspection this key question has been rated as Good. People's outcomes were consistently good, and feedback confirmed this.

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

- We observed people received the care they had been assessed for. For example, during lunch people at risks of choking received soft foods or had their food cut up for them. This had been reflected in their care plan. Relatives told us that their loved one's needs were met.
- Assessments included information and guidance about people's physical and mental health needs. Health care professionals contributed to the assessment process. For example, Occupational Therapist.
- The registered manager assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. Staff told us about their training and understanding of this. We observed staff had assisted people to follow their assessed and recorded choices around their sexuality.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support the people. Staff training and induction was tailored to meet people's needs. Staff told us that they felt supported by the registered manager. Staff training, and supervisions continued to be managed for effective care delivery. Evidence showed that staff training had been completed.
- New staff underwent an induction programme followed by a period of shadowing an experienced member of staff before they were able to work with people alone.
- Formal on-going training was provided to staff to improve their skills and understanding of people's needs. Staff confirmed the levels of training had been maintained and told us about recent training they had attended.
- The registered manager facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their day to day work.

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

- Care plans included nutritional risk assessments to make sure staff had the guidance they needed to provide people with support they chose. For example, if people wanted to follow a culturally appropriate diet or if they were living with diabetes. People made their own decisions about what they ate and drank. For example, people were shown the food choices before making a decision.
- People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. A relative said, "The food and drink is fine, staff have picked up on our loved one's sweet tooth, they make sure this is managed well. Staff did refer my loved one to the GP as she was not eating well before. The medicines were changed, now my loved one's appetite has increased."

● Nutrition assessment tools were completed for each person and action was taken to support people to stay healthy if they were considered to be at risk. People's body mass index (BMI) was monitored. BMI is a measure of body fat based on height and weight. If there were any concerns the GP was contacted.

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

● People's health and wellbeing was maintained and reviewed in partnership with external health services. Staff worked closely with Community Nursing teams and the GP when people were unwell. For example, we saw examples of collaborative working with the community nursing teams to reduce falls. People had been supported by staff to attend medical appointments.

● Staff were kept up-to-date and aware of change in people's health needs. People were encouraged to stay mobile with staff encouraging people to walk in the garden.

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

● The environment was well-maintained. The garden was full of flowers in bloom, with various areas for people to sit, including areas of shade. Ramps and a lift enabled people with poor mobility to access all of the internal and external areas of the service. Peoples bedrooms were personalised and adorned with their personal belongings. Adapted baths and showers were accessible.

● Signage, which included pictures directed people to places in the service like toilets and the lounges. The relative of a person living with dementia told us that their loved one had been able to find their way around the premises and garden.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

● People's needs around DoLS were being managed within the principals of the DoLS authorisation. For example, for one person a condition had been put on their DoLS that a new 'do not attempt resuscitation' form was put into place by the persons GP. The registered manager showed us that this had been done.

● Staff had a good understanding of the MCA and issues around capacity and consent. Staff respected people's opinions and choices, whatever they were, but also understood signs to indicate that a person's capacity may have changed.

● When people's capacity was in question, the registered manager understood how to carry out mental capacity assessments in relation to specific questions or decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection of this service. At this inspection this key question has been rated as Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed the care people received and this was kind and compassionate. People's relatives and visiting health care professionals were complimentary about standards of care. One person commented, "Mum is being well looked after and staff have learnt her needs well." Another relative said, "The staff are so sweet, I watch them with other residents too, they are kind to everyone." We saw staff had built a good rapport with people, staff were constantly chatting and smiling with people and each other. This created an inclusive feel for people. Staff spoke with people using their preferred name in a friendly and caring way. We observed staff being kind when they spoke to people with a smile and tender touch on the arm.
- People looked relaxed and comfortable with each other and with staff. Several relatives told us that it was the little things that staff did that impressed them. For example, making sure their loved one was comfortable with extra cushions. We observed people smiling with staff and some people danced with staff. There was a community feel to the dining experience we observed at lunchtime. For example, relatives were able to eat meals with their loved ones. We heard staff speaking to people, giving them choices. People were not hurried to make decisions by staff. Relatives told us they could visit at any time and were always made to feel welcome by staff.
- Staff received training and guidance about their approach to equality, diversity and human rights. We checked the staff's and the management team's attitude towards this. The registered manager told us they wanted to make their positive approach to equality and diversity more transparent by sharing information with people about the welcoming service they offered.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on people's bedroom doors and asking for permission to enter. Bedroom doors were shut during personal care. Staff we spoke with explained how they preserved people's dignity. For example, by keeping people covered during personal care. We noted that staff asked people if they wanted their clothing covered at meal times to prevent staining and promote dignity post meal times.
- A relative said, "Our loved one does try and do things for himself." Another relative told us that their loved one dresses themselves and they also explained how staff encourage the person to stay independent when eating." Staff told us about a person who would was living with dementia who would like staff to put food in their mouth for them, but staff, through encouragement have kept the person's independent with their eating and drinking.
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

Supporting people to express their views and be involved in making decisions about their care

● We observed people had control of the way they dressed, what time they went to bed and got up and what they did during the day or night. A relative said, "I have been in on meetings with Mums care plan, asked about Mums past, what she liked to do. Staff are very good at trying to provide activities, they do try and involve Mum."

● A key worker was used. This was a member of the staff team who worked with individual people, built up trust with the person and met with them to discuss their care.

● The management team supported residents and relatives' meetings. These were minuted and showed people giving their views about what changes they thought would improve their care. Advocacy services were advertised for people to access if needed.

Good

Is the service responsive?

Our findings

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

This was the first inspection of this service. At this inspection this key question has been rated as Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● A relative said, "The staff are really good at communicating with us, our loved one lives with Alzheimer's. Staff know about her condition, staff take her needs on board and treat people as individuals." Care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. For example, where people were being monitored to maintain their health, such as the amount they ate and drank, the care plan was completed and intake totalled daily. We found care plans to be accurate and up to date.

● Care plans contained information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health. Relatives told us that staff understood their loved one's communication needs. One relative said, "The staff understand that our relative is hard of hearing. The staff do not shout at our relative, they go to our relative's good side and speak the them normally so that they can hear." The registered manager had recruited staff who could communicate in Punjabi to enable people who spoke this language to communicate their needs and choices to staff.

● The care plans were regularly reviewed by staff so they accurately reflected people's changing needs and wishes. For example, we saw recorded changes to a person's care plan after their needs had changed. We observed a number of examples of people receiving the care that was recorded in their care plan. People were supported with mouth care like teeth cleaning which was recorded. Staff told us they were kept updated with any changes in care plans through daily shift handover meetings and shift planners.

● People's bedrooms were filled with their personal items, which included; photographs, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.

● There were activities located around the service for people to engage with independently or as a part of a group. A relative said, "They have regular activities, they have BBQ's, singers and parties." Community areas displayed activities, "what's on events" and general information. The activity coordinator spent time on a one-to-one basis with people so that they have a good idea of what activities to offer. To prevent isolation, a record was kept of the activities people participated in. If people were not engaging, they received one to one visits from staff.

People's concerns and complaints

● On admission every person and their family, were handed copies of the complaints process and the services approach to maintaining their privacy under the General Data Protection Regulation that came into force in May 2018. (The General Data Protection Regulation (GDPR), replaced the Data Protection Act as the primary law regulating how companies protect citizens' personal data).

● Information about how to complain and details of the complaint's procedure were displayed in the service. There had been one complaint. This had been investigated. The response letter included information about the actions taken in response to the complaint.

End of life care and support

● People received end of life care based on recognised best practice supported by specialist hospice community nurses. A specialist end of life care nurse said, "I find the staff here are spot on with their end of life care, they keep people comfortable, manage people's oral health and communicate with our team really well." Staff had worked closely with a nearby GP and community nursing teams to support people at the end of their life to make sure people receiving end of life care were supported with dignity.

● Death and end of life planning were discussed with people at assessments and care plan reviews. Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.

● Advance medicines and pain relief were kept and made available through the community nursing teams at the surgery nearby.

Good

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.

This was the first inspection of this service. At this inspection this key question has been rated as Good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager held a qualification in dementia leadership and uses this skills to coach and mentor staff to promote good outcomes for people living with dementia. People's relatives spoke positively about the staff and management team. One relative commented, "Ten out of ten all the time." Another relative commented, "The service is excellent, my mother is looked after extremely well."
- The management team led by example and in an open and transparent way. They understood their restorability's under the Duty of Candour Regulation if it was required. The registered manager and provider regularly met with night staff by making themselves available during out of hours visits. People knew who the management team were and we observed the managers greeting people by their first names, chatting to them and to relatives and making themselves available to assist and advise staff. For example, when we arrived unannounced for the inspection, we noted that the registered manager had been working with the team to serve people breakfast.
- There were a range of policies and procedures governing how the service needed to be run. The policies protected staff who wanted to raise concerns about practice within the service. Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation, and were available for staff to refer to. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The registered manager was aware of their regulatory responsibilities and had notified CQC about all important events that had occurred and had met all their regulatory requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with described the care values of the service. One member of staff said, "The managers are very professional. From the moment I started work here I was supported to understand what was expected of me. Another member of staff said, "Management get on really well as team, I feel really happy to come into work. My experience has all been positive, I got good support." Other staff said, "We all share common values and goals." And, "Management are supportive and listen to staff." We observed staff delivering compassionate care.
- Staff told us they were encouraged to challenge any poor practice they may see. For example, if their colleagues were not following safe practice. The registered provider had given staff a financial reward in the form of a pay bonus in acknowledgment of their contribution to the positive experiences people had from their care. Staff told us they appreciated and felt valued by the registered provider.

● Systems were in place to continuously review and assess risks and the quality of the service was consistently monitored. Reviews included managing complaints, safeguarding concerns and incidents and accidents. A health and safety maintenance checklist was in use and other periodic risk management systems were in place to check for hazards that may cause harm, for example checks on bed rails, furniture and wheelchairs. If faults were recorded these had been responded to and the hazard repaired or removed. Risk auditing and periodic maintenance checks minimised the risk of accidents and harm.

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

● There had been various meetings arranged for staff. These included daily hand over meetings and team meetings. Management and senior staff met regularly. These meetings and any actions were recorded and shared for staff to reference through meeting minutes. Team meeting minutes were displayed for staff to read. Staff confirmed they attended team meetings.

● The registered manager sought people's views and took action to improve their experiences. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience.

● A relative said, "The managers door is always open, staff are all very helpful." Relatives told us the communication from staff was good. Relatives and staff could give their opinions about the service and share their views at any time. People and staff consistently told us the registered manager was supportive and approachable.

Continuous learning and improving care

● The registered manager continued to analyse feedback from different sources to identify areas for improvement and implement positive changes. For example, in consultation with people and staff, they had changed the meal service times so that they were more flexible to people's needs.

● The registered provider had been implementing their business improvement plan which included improvements to the premises and addition of on suite rooms. We viewed two rooms that had already been modernised to a high standard. Work was progressing on other rooms during the inspection.

● The registered manager had been working on an alliance with Age UK to access more external activities, arrange coffee mornings and share functions.

Working in partnership with others

● People benefited from a service that developed working relationships to improve their experiences. People had access to all specialist services is via the local nursing referral team, and the matron and GP services.

● Staff worked closely with a range of different professionals, local authorities and with local organisations. For example, they were linked to the Kent registered managers network, groups for older people that offered information about planning and organising activities, useful free resources and links for events and training opportunities.