

Caring Homes Healthcare Group Limited

Heffle Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heffle Court is a purpose built care home providing residential and nursing care for up to 41 older people. People had a range of health and mobility problems. Some people were also living with dementia and memory loss. There were 37 people living at the home at the time of the inspection.

People's experience of using this service and what we found

Quality assurance systems were in place. This included checks to review and assess the care provision and documentation. However, these needed to be developed to ensure that observations were carried out to identify bruising and to ensure that this information had been robustly recorded and fed back to staff. There was an overreliance on verbal sharing of information and staff needed to ensure information was clearly documented, for example if a bruise was noted during personal care. This was fed back to the regional and registered manager during the inspection and immediate action was taken. Risk was also mitigated as staff knew people well and we have been assured that improvements have been introduced for documentation and quality assurance.

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.

People received their medicines safely. Nurses and care staff trained to give medicines ensured medicines were stored, administered and disposed of safely. Clear documentation was in place to support people who required their medicines being given covertly.

Risk assessments were completed to maintain people's safety. People told us they felt safe living at Heffle Court. One person told us, "Staff cannot do enough for you." People spent their time in the way they chose. Staff told us about people's likes, dislikes and preferences. For example, one person liked to sit in the lounge at times, however, staff were aware that they would leave and return to their room or to find a quiet spot to sit if things got lively or noisy.

People, relatives, staff and visiting professionals were encouraged to share their views and feedback was used constructively to facilitate on going improvement. People told us the manager had an open-door policy. Relatives told us communication was good and they were kept informed and updated of any changes. If people had any concerns they told us they would be happy to discuss these with staff or management.

There were safe systems to support effective infection prevention control. The home was open to visiting and COVID-19 measures were reviewed regularly in line with current government guidance.

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 18 April 2019).

Why we inspected

The inspection was prompted, in part, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services. We had also received specific concerns regarding Heffle Court in relation to peoples nursing and care needs, medicines, staffing and communication with families.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good, based on the findings of this inspection. However, we have found evidence that the provider needs to make improvements. The provider has taken action to mitigate this risk. Please see the well led section of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Heffle Court

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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

Heffle Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heffle Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We contacted the local authority market support team for feedback and discussed previous safeguarding enquiries with the local authority. We reviewed information we hold about the service including enquiries and notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We met and spoke with 10 people living at Heffle Court, not everyone was able to tell us their views of living in the home due to their dementia or memory loss. We carried out a number of observations on both the nursing and residential floors throughout the inspection to help us understand the experience of people who could not talk with us. We also spoke to three relatives visiting the home. We spoke to nine staff including, the regional and registered manager, care and nursing staff. We also met the chef and designated housekeeping, administration and laundry staff. We reviewed a range of records. This included three people's care plans in full and a further three peoples to look at specific areas in relation to their health and care needs. We also reviewed other documentation in relation to people's safety, including medicine administration, accidents, incidents and risk assessments. We reviewed staffing and competencies, and a variety of records relating to the management of the service, including audits, policies and procedures. Following the inspection, we continued to review evidence provided and sought feedback from visiting professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to tell us what they would do if they suspected people may be at risk of abuse. This included reporting the concern to a senior staff member or management. One member of staff told us, "If there was anything that I thought was not right, I would not hesitate to raise it."
- Accident and incident processes were in place; this included a monthly analysis of falls and oversight by senior management. However, we found that documentation in relation to bruising and wounds was not always robustly completed. We have discussed this in more detail within the well led section of this report.
- The registered manager had systems in place to ensure that appropriate agencies were notified should a concern be raised, including the local authority and CQC. We discussed a recent incident where the registered manager had been unsure whether to refer this to CQC. This was done immediately following the inspection.
- Staff had access to the homes safeguarding and whistleblowing policy.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and mitigated because staff knew them well. Staff were able to tell us about people's individual care needs, risks associated with their care and how to support them safely. For example, people who may become distressed or anxious, or those who were at risk of falls.
- Relatives told us, "Staff could not be more caring, they are all lovely." And, "Staff have taken the time to get to know us as well as [person's name] they always check in with us and let us know what has been going on."
- Care records were recorded on an electronic system, staff used handheld devices to input tasks completed in relation to each person's care. Some care plans and associated risk assessments for people included a great deal of information.
- For example, people who had a dementia diagnosis had detailed information to inform staff how this may affect them as an individual and any risks this may present. This was a person-centred approach to people's needs and documentation prompted staff to see the person first not the diagnosis. Information had been included in care plans and associated risk assessments to inform staff of people's care and support needs.
- One person lowered themselves to the floor when they became anxious. Staff responded with care and patience each time this occurred. Offering reassurance and support. Staff used appropriate moving and handling equipment to support the person safely from the floor.
- We spoke to relatives of someone who had not lived at Heffle Court very long, they told us, "Staff learnt about [person's name] and they have spoken to us about her likes, dislikes and her background. It has been such a new experience for us, but they could not have made it any easier for us, they have taken all the stress

away."

- We observed staff encouraging and engaging people to be involved in daily tasks. For example, one person enjoyed being in the kitchen area in the main lounge, choosing to help with washing up and sorting people's drinks. Staff supported and encouraged them to do this safely. Staff told us "It is important that people can walk around and that they can do whatever it is they want to do. It's my job to make sure they can do that safely. It's important they can be independent when they can be."
- The manager and provider used analysis and auditing to identify learning to facilitate ongoing learning and improvement. Any areas for improvement identified were discussed with staff to drive improvement.
- The service had a business continuity plan in the event of an emergency. Environmental safety checks were completed regularly. Including health and safety, legionella, fire, gas and electrical systems. Equipment checks took place on all moving and handling equipment used to support people including slings, hoists and pressure relieving equipment. Each person had a completed Personal Emergency Evacuation Plan (PEEPS) This gave essential information regarding the support people require in the event of an emergency evacuation being required.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Recruitment processes were overseen by the head office. This included ensuring all appropriate safety checks and information was in place before people started working at the home, this included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment had been ongoing. All new starters completed introductory mandatory training and worked to complete the Care Certificate.
- Agency staff had been used when needed to cover last minute gaps in the rota for example when people were off sick. When using agency staff the registered manager used the same staff whenever possible to ensure consistency of care for people. Agency staff also received an induction. The regional manager told us that use of agency had been reduced with an aim to stop using agency as recruitment continued.
- Staff told us they felt staffing levels were safe. One told us, "We usually work on the same floor but do swap about when needed to cover, it can be busy but you expect that, people need support, but there is always someone to help people when needed."

Using medicines safely

- Safe systems were in place to ensure people received their medicines in a safe way in accordance with

their prescriptions.

- We observed medicines being given to people safely and people told us they were happy with the help they received with their medicines. One said, "They always make sure I have my tablets on time and make sure I have taken them."
- People had protocols in place for 'as required' or PRN medicines, these were completed clearly when these were given and included when follow ups or GP reviews were needed.
- For people who may require their medicines covertly a full best interest decision was recorded. This involved family and relevant healthcare professionals including information from pharmacist to ensure medicines were given in a safe and effective manner.

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. The provider had set up a Covid-19 steering group. Initially holding twice weekly meetings and providing support and opportunity for managers to ask questions and share information this also helped create policies in relation to COVID-19 during the pandemic.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was supporting safe visiting to the home in accordance with current government guidance. We met several people visiting the service during the inspection.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Concerns relating to undocumented bruising had not been identified by senior staff or management during care reviews or audits. We identified two people who had visible bruising to their arms during the inspection. One person's bruising had been identified during their recent admission. However, this had not been followed up robustly in their care plan and no body map was in place.
- The second had visible bruising to both their upper arms. This was discussed with staff on the first day of the inspection. A body map and photographs had been completed by the second day of inspection. However, this information had not been fed back to staff during handover and no follow up information had been recorded. This meant that unexplained bruising was not being recorded promptly by staff. These were areas that needed to improve.
- Following feedback during the inspection, the regional and registered manager informed CQC that immediate actions would be taken to address these issues. This was confirmed following the inspection. Staff were reminded of their responsibilities to robustly document any injuries or wounds seen immediately and to ensure this information was shared during handover and follow up actions clearly recorded. All care plans were reviewed, and further checks implemented as part of ongoing audits.
- There was a comprehensive programme of audits completed both in house and by the provider. These covered all aspects of care provision as well as environmental checks. Spot checks were also completed. Any actions or outcomes following an audit were fed back to the senior management team who had oversight of all quality assurance completed. A review of findings took place to determine if any learning or interventions was required.
- Regular meetings took place for staff. We saw that minutes had been recorded for anyone unable to attend, areas of discussion included recruitment, new staff, dependency levels and upcoming events. Regular meetings included staff from all areas of the home including kitchen, housekeeping, care and nursing staff.

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

- Staff involved in people's care had received appropriate training and understood people's needs, however detailed information about people's needs was not always reflected in care records. Care plans for people living with a dementia diagnosis on the residential floor were detailed and person centred. However, care plans for clinical care needs including a person's diabetes did not include specific information about how this affected the person including their normal blood sugar levels.

- In contrast people living on the nursing floor who had diabetes had very clear diabetes care plans in place. However, for a person living with dementia, no care plan had been completed for this need.
- This inconsistency had not been identified during care plan reviews or audits and needed to be improved to ensure a consistent level of care planning and documentation across the home. This needed to be improved.
- Staff we met told us they felt supported in their roles and had access to the training and support they needed to meet people's individual needs.
- We saw staff respond to people with kindness, offering support where needed whilst empowering people to make choices and maintain their independence. People were offered choices and actively encouraged to spend their time in the way they chose. Staff understood people's needs and demonstrated a good knowledge and level of training when responding to people who became anxious or upset.

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 registered manager and provider were aware of their responsibilities and regulatory requirements, including those under duty of candour.
- Complaints policies and procedures were in place and available for people if requested.
- Information was displayed around the home reminding people to share concerns with staff or management. We discussed with the regional and registered manager that complaints information could be displayed in the entrance foyer for people visiting the home to ensure everyone was aware how to make a complaint if required.

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

- People living at Heffle Court, their relatives and visiting professionals were encouraged to give feedback. People had the opportunity to give their views by completing questionnaires' and in regular meetings. People living at Heffle Court could attend monthly meetings and a three-monthly relative meeting also took place. All feedback was reviewed. Results and actions identified to facilitate ongoing improvement was fed back to people.
- Relatives told us they felt involved in their relatives' care and staff kept them up to date with any changes. One said, "Staff are amazing and communication is good, things were tricky during Covid, but we can visit whenever we want and if there's anything happening staff let us know."
- People also gave feedback by completing reviews of care online. Positive comments from residents online included, "'I love being helpful and being the waitress in the tea shop. I also love helping and sitting out in the beautiful garden' and a relative had left a review saying, "'My wife is well looked after, and the staff are lovely'
- Staff had daily catch up meetings, monthly team meetings, supervision and appraisals. Staff told us they felt supported. One told us, "The manager is always available, and you can go and speak to them if you need to, she has an open door."
- There were a number of rewards and incentives for staff. Staff could be awarded a monthly, quarterly or annual 'superstar' award. The registered manager was the reigning annual winner, awarded by the provider in recognition of their achievements. Staff could also be awarded long service awards.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they had good working relationships with a number of external professionals including the local authority and market support teams. This had been particularly pertinent during the pandemic. The home also sought guidance from Public Health England (PHE).
- When a health need or risk was identified, referrals were completed to external healthcare professionals,

including Speech and Language Therapy (SALT), GP's and specialist nursing teams if required.

- Feedback we received from visiting professionals was positive. Including, "I have found the home manager open and happy to receive feedback." And, "Overall they do offer a good quality of care and I have not had cause for concern."
- Staff had the opportunity for ongoing learning and development. The registered manager was open, transparent and receptive of any feedback provided. This was used to support on-going learning and improvement.