

Heritage Care Limited

1 Devonshire Avenue

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

We inspected the service on 10 January 2019. The inspection was unannounced. 1 Devonshire Avenue 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 accommodates 20 people. On the day of our inspection 19 people were using the service.

At our last inspection on 1 June 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Procedures were in place to ensure people were safe from harm. People had personalised risk assessments which were up to date. Staff members had received training in safeguarding adults from abuse and understood their roles and responsibilities in ensuring that people were safe.

People's medicines were managed safely. They were stored and administered appropriately. Accurate records were made when medicines were given. Staff members were qualified or had received training in the safe administration of medicines.

People had personalised care plans in place which were reviewed regularly and updated to reflect any change in a person's needs. People's care plans and risk assessments included guidance for staff on supporting people's communication needs.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the registered manager. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were also supported with supervisions and observed practice.

People could make choices about the food and drink they had, and staff gave support if and when required

to enable people to access a balanced diet. People were supported to access a variety of health professionals when required, including opticians and doctors to make sure they received additional healthcare to meet their needs.

The home was meeting the requirements of the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were offered choices about what they wanted to do. Staff members demonstrated that they understood the importance of enabling people to make their own decisions.

Staff provided care and support with kindness and compassion. There were positive interactions between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say. People's independence was promoted and encouraged. There was a welcoming and homely atmosphere at the service.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

1 Devonshire Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 10 January 2019 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five staff members the deputy manager and the registered manager. We looked at three care records and medicine administration records. We reviewed three staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

Is the service safe?

Our findings

Most of the people who lived at the home had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people, we saw they appeared at ease and comfortable in the company of staff.

Relatives we spoke with told us they believed the home was safe. One told us, "Yes, it's safe, I have no qualms about it". Another relative explained that although her family member could not speak, "I'd know if there was something amiss."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time. Medicines were stored securely and were within the recommended temperature ranges for safe storage. Staff who administered medicines were qualified and had been trained for this role.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. We saw staff were available to respond to people's requests quickly. Staff were well organised and communicated effectively with each other, people who used the service and external professionals. The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, epilepsy and using specialist equipment such as wheelchairs. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. There was a positive approach to risk management.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as fire safety, food safety and moving and handling equipment. The records of these checks were up to date.

The service was clean and decorated to a good standard. Staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured

chopping boards.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to check their needs were suited to the service and could be met. This information had been used as a foundation of people's care plans. Care plans we viewed had been completed with the person or where appropriate with their family members or representatives. People's care records were personalised and contained detailed information for staff to allow them to support people according to their assessed needs.

Staff told us they received training appropriate to their roles. One staff member said, "The training is very good and always available." A relative told us they thought the staff were trained, they said, "The staff team are really very good. They all know what they are doing." We saw the training matrix which showed when any training was due for renewal. Staff also received regular supervision and appraisal. This meant staff had opportunity to discuss their learning and development needs and their performance. Staff had an induction period and were supported to understand each person's needs, and new staff could study for the Care Certificate.

People were supported to have healthy meals. Staff told us they knew people's likes and dislikes regarding food. We observed lunch and saw protective covers were used to keep people's clothes clean. One person chose sandwiches and wished to remain sitting in lounge chair. Staff adjusted the chair to an upright position. One person chose a hot meal and the member of staff serving explained all the elements of the meal to them. After lunch this person had a drink of non-alcoholic beer as it was their birthday. Three people were assisted by staff to enjoy their lunch. Staff were observed being attentive throughout the meal and giving a break between courses.

Staff worked with other professionals across a number of organisations to support people. They shared knowledge on a need to know basis with appropriate consent. People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as speech and language therapists.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). People had Mental Capacity Assessments (MCA's) for each area they required support, which were followed up with best interest meetings and if required, DoLS applications. Staff had a good understanding of consent and capacity.

Is the service caring?

Our findings

A family member told us their relative was well cared for at the home. One relative said, "I play a big part in their care, but staff are good at acting on anything."

The interactions we observed between staff and people living at the home were sensitive and caring. We saw staff members chatted with people and engaged them in activities that were of interest to them. Throughout our inspection we saw staff members proactively engaged with people, speaking with them about subjects of interest and checking that they were satisfied with their activities and support. One staff member said to one person, "You look lovely in stripes, you're always dressed nice."

A member of staff was observed to kneel down to speak to a person sitting in a chair. We saw the person liked to hold hands and put people's hair behind their ears. This was described in the person's care plan as something they liked to do. One person had a diary to enable visiting family to see what they had been doing. We observed staff enter the room and a person communicate in their own way. The member of staff said, "Do you want me to look in your diary?" and read out, "Your family are coming tomorrow."

People's care plans included guidance for staff members on people's communication needs. Staff members could describe how they communicated with people. We observed staff communicated with people using a range of words, objects and signs.

Where applicable, people's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. Staff we spoke with understood how they should support people to maintain their individuality and beliefs.

People had their privacy, dignity and independence promoted. One person told us, "Staff help me go to the toilet with a walking frame. I press the buzzer when I've finished." Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

Care plans were detailed and person-centred. Person-centred means the person is at the centre of any care or support and their individual wishes, needs and choices are considered. Each record included important information about the person and personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life histories and preferences which they said helped them to provide personalised support and helped them get to know people better.

Records showed care plans were reviewed by staff regularly or when a person's needs changed. All staff contributed to keeping care plans updated with the most current assessment of the person's needs. Meetings took place monthly when people's progress and support needs was reviewed. Records of these meetings were detailed and captured any feedback about the service from people and their relatives.

People were supported to take part in meaningful activities and access the local community. One person told us they liked to look at the shops and buy jigsaws. They showed us the jigsaw they had started that morning. They also said, "I like cartoons on television and shredding paper." Staff explained that the person liked to go the office, shred paper and have tea and biscuits with staff. We observed four people and two staff baking cakes. All wore plastic aprons and hand gel was used to clean hands. One person was encouraged to, smell and taste the jam. The person was passed a cake to decorate and began eating it. Everyone laughed and they were encouraged to pick up the pieces to eat before being assisted. We observed other activities, including, a hand and foot painting group. One person was feeling and playing with coloured laces tied in front of them. Staff explained how the laces are the person's favourite sensory item.

The provider had a complaints procedure in place and people told us they knew how to make a complaint if necessary. Relatives we spoke with said they would speak with the registered manager or a member of staff if they felt something was wrong. We reviewed complaints records and saw complaints received by the service since our previous inspection had been dealt with effectively and promptly.

Is the service well-led?

Our findings

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

The provider and management team had a clear vision of where and how they wanted to progress the service. The registered manager told us the provider's '5i's' initiative had helped all staff to demonstrate their values. The 5i's were, impact, inspirational, innovative, integrity and inclusive.

We observed staff and people spoke with the registered manager and deputy manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis.

There was a positive ethos and culture which was led by the management team. Staff spoke positively about the registered manager and the provider. Staff told us the culture of the home was focused on supporting people and always looking for ways to improve. A staff member said, "This is a fantastic place to work. The majority of staff have been here years. The managers are really supportive and we can go to them with anything." Another staff member told us, "The managers are really good and supportive. They also roll up their sleeves and get stuck in."

The registered manager told us most people who used the service were non-verbal however, people were supported to express their views in ways most suited to their communication needs. One relative told us, "Yes, we can attend meetings as relatives, but we can also speak with the registered manager at any time."

The registered manager and provider carried out a number of quality audits, if there had been any issues found, an action plan had been devised and signed off when completed.

The registered manager told us lessons had been learnt from past incidents and feedback. The provider issued a periodic newsletter which detailed performance, responses and proposed actions to staff feedback and a recognition scheme linked to the 5i's initiative.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.