

Country Court Care Homes 2 Limited

Heartlands

Inspection report

50 Broadstone Road
Yardley
Birmingham
West Midlands
B26 2BN

Tel: 01217861212
Website: www.countrycourtcare.co

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heartlands is a care home providing personal and nursing care to people aged 65 and over, some of whom are living with dementia. At the time of the inspection 64 people lived at the service. The accommodation is organised into three floors, each with its own communal areas.

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

People and relatives' views were mixed about staffing levels. Most relatives we spoke to on the nursing unit felt they should be more staff, whereas this was not raised as an issue on the residential units. Our observations were staff were available to meet peoples' needs and they did not have to wait to receive their care.

Records to assess and monitor risks were not always updated in a timely way or fully completed, however staff knew people well. People told us they felt safe and received their medicines safely. Safeguarding systems and practices protected people from abuse. Accidents and incidents were recorded and followed through with the appropriate action to minimise the risk or re-occurrence.

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. Most people told us the food was good and they had a choice of meals, although some people were not clear they could have culturally appropriate food. Records needed to be clearer to ensure people were receiving the correct support to maintain healthy weights. Staff had received the appropriate training and had the skills to support people effectively.

The home was spacious, well-decorated and clean. There were some excellent facilities within the home such as a cinema room, shop, pub and craft room. The environment was accessible for people living with dementia.

People were treated with respect and dignity and staff were patient and kind with people. Relatives were made to feel welcome in the home and people were involved in decisions about their care.

There were several different activities on offer seven days a week including regular trips into the community. End of life care wishes were discussed with people and their relatives. People's communication needs were assessed and staff supported people to communicate in an accessible way. People and relatives felt confident to raise a complaint but not all relatives were happy with the outcome of their complaints.

There had been a recent change in management and the deputy manager had moved into the manager post. Most people and relatives told us the home was well organised although some concerns were raised about the nursing unit. The systems in place to monitor the quality and safety of the service were in place but not consistent.

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 requires improvement (published 25 August 2018). Since this rating was awarded the provider has altered its legal entity. The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 17, good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heartlands

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.

Inspection team

The inspection team consisted of one inspector, one assistant inspector, one specialist advisor (who was a qualified nurse) and one 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

Heartlands 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 did not have a manager registered with the Care Quality Commission as they had recently left. The deputy had become the manager and was in the process of applying.

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 feedback from the clinical commissioning group who work with this service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and eleven relatives about their experience of the care provided. We spoke with eleven members of staff including the area manager, deputy manager, nurse, senior carer, carers, chef, activity coordinator and domestic staff.

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 reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safety checks and policies and procedures.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records to monitor risk were not always completed. For example, one person needed pressure relief every four hours. Whilst some records had been completed this was inconsistent.
- Some of the care plans we reviewed had not been updated to show changes in need, for example following a fall. However, staff knew people well and could describe their risks and how to support them safely.
- Records showed checks were regularly carried out on the building to ensure people were safe. This included checks on fire safety, moving and handling equipment and water temperatures.
- Technology was used to promote people's safety such as call bells and alarm sensor mats. We saw someone at risk of falls had a sensor mat on their chair and saw staff responding quickly when this went off.

Staffing and recruitment

- People and relatives expressed mixed views about staffing. Whilst people living on the residential units felt there were enough staff, concerns were expressed by those receiving care on the nursing unit. One person told us, "That's where they're lacking, someone will go to the toilet and half an hour later they are still waiting," a relative said, "The main problem is geared around the lack of staffing."
- We saw complaints had been raised to the management about staffing and as a result a new system had been introduced on the nursing floor to improve the organisation of staff and response times.
- We observed staffing levels on the three floors during the inspection and saw staff were available in communal areas and people did not wait for long periods to receive care.
- We spoke to the area manager about staffing levels and saw they were using a dependency tool which was reviewed monthly or when there were changes in need.

Using medicines safely

- People and relatives told us they received their medicines safely. One person told us, "I do have medication, they do not forget to give it to me," another told us, "they are very good with it." Medicines administration records indicated people received their medicines as prescribed.
- Some records in relation to prescribed creams needed improvement to show why and how often the cream needed to be applied. We raised this with the area manager who agreed to update the documentation."
- When people required medicines "as and when required", there was guidance in place for staff to follow to ensure these medicines were given consistently.
- We observed staff explaining to people about their medication and giving it to them in a kind and patient

way. Medication was administered in a timely way and we saw sufficient gaps between the morning and lunchtime medication rounds.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe, one person told us. "I feel safe here, everywhere is locked up at night and there is no trouble." A relative said, "I feel [person using the service] is safe here, they make them and us feel so comfortable."
- The provider had effective safeguarding systems in place. Staff had received training and understood how to recognise the signs of abuse and how to report. One staff member told us, "I have a duty of care to protect residents and can report to managers and the local authority."

Preventing and controlling infection

- The home was clean and tidy. Domestic staff were in place and a cleaning schedule was followed to ensure areas were cleaned daily.
- We saw staff using personal protective equipment and observed this equipment was readily available to them.

Learning lessons when things go wrong

- Incidents and accidents were investigated an analysis was undertaken to reduce the risk of re-occurrence.
- We saw an analysis of complaints had highlighted a recurring theme around dignity. This has been discussed in a staff meeting and a role play had been held with staff to improve care.

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 newly registered service. This key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A pre-admission assessment was carried out to ensure care was planned and reflected people's individual needs and preferences. We found a number of gaps in some assessments which increased the risk of a person being placed at the service for who they were unable to meet their needs.
- We saw care plans included information about how people liked their care to be delivered. A relative told us, "The staff make sure that all [person using the service] requirements are met."

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

- People and relatives were generally happy with the food provided. One person told us, "The food is very good, and we do have choices." We saw drinks and snacks being offered throughout the day.
- Staff told us, and we saw on the menu cultural options were available to people. Not everyone was aware of this, one relative told us, "The food is okay, there is a need for more variety, they have never asked if we want cultural food."
- We reviewed the records of two people who were had recently lost weight and required a fortified diet. Staff were not consistently recording their food and fluid intake and when we spoke to the kitchen staff they were not aware of this requirement. This placed them at increased risk of further weight loss.

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.

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.

- Mental Capacity Assessments had been completed appropriately and DoLS applications had been made to the local authority. A staff member explained to us about a person who had an authorised DoLS in place, they said, "They can go out, but obviously they cannot go out on their own, so it's in place that a carer goes

with them."

- Staff had received training in MCA and DoLs. We saw staff asking for people's consent prior to assisting them. One person told us, "They always check, every time."
- We saw staff supporting people to have maximum choice and control of their lives although one person's records were not updated following a review of the risk to ensure the least restrictive option was being followed. When we raised this with management this was updated on inspection.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training to enable them to deliver effective care. There was a system in place to monitor and ensure staff training was up to date and refresher training was completed.
- New staff completed an induction and mandatory training when they first started work in the home. Additional training was also available such as stroke awareness and training on Parkinson's disease.
- Some staff needed further support to use the electronic recording system in place at the service. Not all staff were clear where to find information or how to add information in.
- Staff told us they were well supported by the management team and received regular supervision, records supported this.

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

- The home was maintained to a high standard and had some excellent facilities. This included a cinema room, pub, shop and craft room.
- The environment had been adapted to support the needs of people living with dementia. There were memory boxes by people's bedrooms to help them identify their rooms.
- Communal areas were spacious and well laid out so people could spend time doing different activities. There were other areas in the home where people could spend private time with visitors.

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

- People had access to visits from external healthcare professionals. One person told us, "The GP comes if needed and the optician and chiropodist comes in."
- Handover meetings occurred between each shift so staff could update each other on changes to people's care and support needs. Although we observed this exchange of information, records were not always updated to reflect the changes, which increased the risk of people receiving unsafe care.

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 for this newly registered service. This key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the staff's caring attitude. One person said, "They are definitely caring," a relative told us, "The care here is fantastic, and [person using the service] is comfortable with them."
- Our observations showed staff knew people well and people were comfortable around them. We observed staff and people dancing and singing together.
- We observed an activity in the lounge and there were some kind and thoughtful interactions between staff and people. People were encouraged to join in and there was a lot of laughter and chatter.
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity. There was a diverse staff group and some staff spoke different languages which supported communication with people in the home who also spoke these languages.

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

- Records showed people and relatives were involved in reviewing their care plans. One person told us, "I know about my care plan and it has been re-visited," a relative said, "We know about [person using the service's] care plan and been to meetings about it."
- People told us they were supported to make choices about their care. We saw some people chose to stay in their bedroom's others told us they made choices about what time they got up and went to bed.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. One person told us, "I do help to do things, I clean my room sometimes and help around in the lounge."
- People's privacy and dignity was respected. We observed a staff member quickly and discreetly supporting someone who needed assistance to change their clothing.
- One relative told us, "When they are hoisting [person using the service] they always put a blanket around them," our observations confirmed this.
- Staff knew the importance of keeping information confidential and people's care records were stored securely.

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 for this newly registered service. This key question was rated as good. This meant people's needs were met through good organisation and delivery.

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

- Staff respected people's individual choices and preferences. One relative told us, "They have a good history of [person using the service] and realise what their likes and dislikes and aid them in that area."
- People's religious needs were respected. A church group came into the home and some people attended church regularly.

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.

- Where appropriate, picture cards and photographs were used to support people to make choices about drinks, snacks and meals.
- People's communication needs were assessed. We saw staff using a communication board and sign language to give information to a person in a way they could understand.

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

- There were a range of interesting activities on offer including film nights, baking, gardening, reminiscence and exercises sessions. A relative told us, "[Person using the service] has taken part in every activity, they were quite shy at home, its lovely."
- We saw photographs of trips and community activities that had recently taken place to a museum, the neighbouring sheltered housing complex and of the services' summer fete. One person told us, "They will take us up the road to the shops if we want."
- Some people preferred to be in their bedrooms. Staff ensured they went in to speak to them and carried out activities in their room to reduce social isolation.

Improving care quality in response to complaints or concerns

- We received mixed feedback about response to complaints. People told us they knew how to complain but not everyone was satisfied their concern had been resolved. One relative told us, "We did not get a satisfactory answer and just had to drop things."
- We saw three complaints in one month related to people having to wait to receive personal care on the nursing unit. All had been responded to promptly and investigated with any outcomes being clearly communicated. The concern was discussed in a team meeting focusing on dignity and a new staff allocation

system was put into place on this unit.

End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans.
- We saw a compliment from a relative about end of life care. It said, "[Person using the service's] death was very dignified. The nurses and carers made sure they were kept clean and comfortable."

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 for this newly registered service.

This key question has been rated as 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

- The service had a range of quality monitoring arrangements in place, but they were not always effective. Care plan audits had failed to identify care plans were not up to date for example in relation to falls, a person at risk of absconding and when someone's condition was deteriorating. When we raised this with management they updated these on inspection.
- Systems in place had failed to ensure records to monitor people's risks were consistently maintained. Staff were aware of people's risks, but records did not always support this. Following our raising this the area manager introduced a system to improve this.
- Medication audits had failed to pick up the improvements required to ensure it was clear when prescribed creams needed to be administered. The area manager agreed to make changes to the records relating to prescribed creams.
- There was no effective system in place to monitor mattress settings when people required a specialist mattress. One the first day of inspection we saw one setting was incorrect. Care plans offered guidance to staff to check the mattress there was no record of who was doing this. Following the inspection, the area manager sent us documentation to address this.

The failure to have effective governance systems in place to monitor the quality of the service demonstrates a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There was no registered manager in post as they had recently left. The deputy had moved into the management post and was applying to become registered.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- The management team understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

- Most people told us management were approachable and the atmosphere was good. A relative said, "It is a very good atmosphere here. It is very calm and homely it seems to be well organised."
- Some relatives on the nursing floor expressed concern about the organisation and staffing on this unit. We

did not observe this on inspection and saw actions had been taken to improve this.

- We saw management had been honest and apologies given to people and relatives when things had gone wrong. Follow up action was then taken to address the issue.
- Staff told us they felt supported by management and could approach them with any concerns. One staff member told us, "[Manager] is absolutely fantastic. Residents always come first."
- The area manager visited the home regularly and was committed to improving the service. The managers were open and transparent during the inspection and demonstrated a willingness to listen and improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us the service engaged with them through meetings. One person told us, "I have attended residents' meetings, we do make suggestions and they have been followed up, like the menu," and a relative said, "They do have residents and relatives' meetings they do take on suggestions and act upon them."
- We saw some service user surveys had been completed although a number of relatives told us they had not completed questionnaires or been asked about their views.
- The service had good links with the local community. We saw a volunteer supporting people with an activity. We also saw people had recently been to visit the neighbouring sheltered housing complex.
- The service worked in partnership with social workers, district nurses and health professionals to ensure the service people received was person centred.

Continuous learning and improving care

- Staff meetings happened regularly and discussions about how to improve care were held. For example, we saw staff and management had discussed how to improve mealtimes for people by having more trays and ensuring picture books were used to promote choice and protecting meal times.
- We saw action had been following a visit from the clinical commissioning group. For example, a log to record temperatures for baths was put into place in the bathroom.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The were ineffective governance systems in place to monitor the quality of the service