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Heversham House

Inspection report

Heversham
Milnthorpe
Cumbria
LA7 7ER

Tel: 01539563769

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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

The inspection took place on 24 April 2018 and was unannounced. At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained good. 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.

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

Heversham House accommodates up to 13 older people. It is situated in a village close to the market town of Milnthorpe on the edge of the Lake District. The home is a detached Georgian house with many original features and has been adapted for its current purpose. There is an attractive and private walled garden.

There was a registered manager at the home. 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.

People told us they felt safe at the home and were "very happy" and "very satisfied" with the care and support they received. One person told us, "Nowhere is home but I think this is as good as it can be." We saw people who lived at the home were clean and well dressed and all spoke well of the management and staff. They looked relaxed and comfortable in the care of staff supporting them.

The service had a safeguarding policy and staff had undertaken safeguarding training and could explain the process. Staffing levels were consistent and flexible and staff recruitment was robust.

Health and safety records were in place and regular checks had been undertaken. Arrangements were in place for contingency planning for foreseeable emergencies and for moving people in the event of fire. Accidents and incidents were recorded and there were individual and general risk assessments in place for people and covering the premises. We looked around the home and found it had been maintained and was a clean, homely and a safe place for people to live. We saw that equipment in use had been serviced and maintained as required.

Medicines management systems were safe and staff had undertaken appropriate training in medicines administration. Staff were being appropriately trained for their roles and well supported by the registered manager. Systems were in place to give staff the opportunity to discuss their work and have appraisals.

We observed regular snacks and drinks were provided between meals to help make sure people received

adequate nutrition and hydration. People who lived in the home told us they were happy with the variety and choice of meals being provided and that there was always a choice.

People who lived at Heversham House and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and systems in place to manage complaints.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they worked within the law to support people who might lack capacity to make some of their own decisions. People living in the home were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible, and the policies and systems in the service support this practice.

Quality assurance surveys were used to seek the views of people who used the service and there were a number of audits in care being carried out to monitor systems. We found people had access to healthcare professionals and their healthcare needs were being met.

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.

Heversham House

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 was planned to check 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 comprehensive inspection took place on 24 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

We spoke with a range of people about the service. They included eight people who lived at the home, three relatives, the registered manager and two staff members. Prior to our inspection we reviewed information we held about the service. We also looked at information we had from those who commissioned the services. This was to help us in gaining a clear picture of the service provision.

We looked at all the care plans, read four in detail, and looked at the daily notes that related to those care plans. This included support plans, risk assessments and daily monitoring records. We also looked at records relating to the management of the service. These included audit records, policies and procedures, accident and incident reports and training records. We looked at the recruitment, induction and training records of staff recently employed to work in the service.

We looked at the records of medicines and we checked on the quantity and storage of medicines in the home. We saw risk assessments, risk management and moving and handling plans and charts that helped staff record care delivery.

Before the inspection we reviewed information available to us about this service. We reviewed notifications of events the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People who lived at Heversham House told us they felt safe living there. We were told, "Do I feel safe here, oh yes, I would say so, I think it's a very good home" and also, "I do feel safe living here, knowing there is always someone to help me, especially at night." A relative we spoke with told us, "They [relative] are absolutely safe there, it's a very good home, good all round."

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. Records confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who were aware of their responsibilities to ensure people were protected from abuse.

Care plans were in place for everyone who lived in the home. Risk assessments had been completed to identify potential risk of harm or injury, for example, fall risk assessments and management plans. Care plans provided instructions for staff members delivering care and support to people and staff we spoke with knew the people they cared for well and what their physical needs were. This level of individual knowledge helped staff to keep people safe while encouraging them to be as independent as they could be. The care plans and individual risk assessments were being monitored and reviewed regularly. There were also monitoring systems in place to assess the safety of the care provided. The registered manager was always looking for ways to improve the care and safety of people who lived there and to learn when things went wrong.

People who lived in the home confirmed that staff were available when they wanted them and told us, "It's reassuring knowing they [staff] are always about." We looked at a month of duty rosters and spoke with staff that were on duty who told us there were plenty of staff. The staff confirmed that staffing levels were kept under review. They gave us recent examples of when levels had been increased to support end of life care. There were three care staff on duty during the day we visited. At night, the home had one waking and one sleep in night staff to support the 12 people living there. At the time of the inspection, no one needed the hoist routinely at night. We noted that the registered manager was also very 'hands on' and would help and support staff where necessary. There was an on call system at night for additional support.

We looked at a sample of medicines and administration records and found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed staff giving out medicines. They were focussed on their task and this was carried out by two staff members to help make sure these were given correctly. Where controlled drugs [drugs liable to misuse] were administered, the controlled drugs records and correct procedures had been followed.

We noted that some people who lived in the home had not had 'protocols' or guidance completed for receiving 'as required' pain relieving medicines. This was in relation to people who had come to the home recently. The registered manager began addressing this oversight during our inspection.

We looked around the home and found it was clean, tidy and maintained. The environment in the home was monitored by the registered manager and maintenance and repairs had been carried out as needed. Environmental risk assessments, contingency plans, fire risk assessments for the premises and individuals

were in place. Records showed that emergency and moving and handling equipment was checked and serviced regularly. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. One person who lived there told us "They [staff] are very good, considerate and helpful". Another person said, "There are plenty of them [staff] about. I always have someone with me if I go out." A person who had recently come to live at Heversham House said, "They [staff] have looked after me well and I have been able to settle in quickly."

There was a strong emphasis on training and continuing professional development by the provider and throughout the staff team. Staff confirmed they had a thorough induction when they started working in the service and had regular appraisals and discussions around general work issues. Staff had received regular refresher training, such as safeguarding, infection control, first aid, moving and handling and fire warden training. There was also further training for areas of interest, such as end of life and behaviour that challenges.

Staff we spoke with, who had no previous experience in the care sector had completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry. Care staff had been supported to achieve NVQ level 2 and 3 and senior care staff to level 5 in care. Staff we spoke with felt there were plenty of opportunities for training and development. A staff member told us, "We get a lot of training opportunities and real support, I have learnt so much here."

People who lived at the home were supported to have a good diet that met their needs and preferences. Staff assessed people against the risks of malnutrition and monitored for weight loss. We saw one person who had experienced weight loss had already been referred to their GP for follow up. Comments about the food were good. One person who lived at the home said, "The food is of good quality" and "It's homemade and very nice." The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.

People's healthcare needs were being monitored and discussed with the person and/or family members. Care plans and daily records confirmed visits to the hospital outpatients and from their GP and district nurse other healthcare professionals had been recorded. The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, local GP practices, the CHES team [Care Home Education & Support Service], podiatry, chiropody, occupational therapists, district nurses and voluntary organisations.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body.

Staff had undertaken training in MCA and DoLS and we spoke with some staff at the home, who demonstrated a good knowledge and understanding of MCA and DoLS. People only received care and support with their consent. We saw that staff asked people what they wanted and got verbal consent for all interventions during the day. People who lived in the home confirmed staff checked with them what they wanted and how they wanted to be supported. One person told us "I like my own company; they [staff] know this and respect my wishes."

Is the service caring?

Our findings

We spoke with people who lived at Heversham House in communal areas of the home and in private. All the people we spoke with told us they felt well cared for and their opinions were "always" sought about the care they wanted. They told us that staff, "Always knock to come in" and respected their privacy. We were also told, "I am treated as my own person and given space". We were told by people who lived in the home, "They [staff] are always friendly and polite, very good, very knowledgeable" and another told us "I am always asked what I want, they [staff] are easy to get on with and very considerate." We saw that staff supported people with good humour and patience and nobody was rushed. This helped to promote their independence.

Staff we spoke with and the registered manager were highly motivated and passionate about the care they provided to people living in the home. Staff we spoke with displayed a genuine understanding of the importance of respecting people's opinions and rights. Training had been provided for guidance in equality and diversity. We discussed this with staff and they described the importance of promoting each person's individuality. For example, spending time with people when their mood was low and trying to find them meaningful activities so they felt useful. Also involving occupational therapists and Age Concern 'befrienders' so people could go out to social events outside the home to try to increase activity and lift their mood.

We observed that the staff and management spoke with people in a respectful way, giving people time to say what they wanted. We saw examples of compassion towards people, spending time with people who needed some reassurance. One relative told us "One thing that really impressed me was seeing that staff took the time just to sit and talk with people, just have a chat and pass the time of day. It was like saying you are interesting and matter." Another told us, "It's very intimate here, personal, like a real home and I feel [relative] gets very individual support."

We saw cards the service had received from family and friends and many referenced that this was a "homely" place to live and that it was like "a family". Comments included, "We wanted to say thank you for the kindness and exceptional care given to [relative] in their last months. You make it a very special place that feels just like home." A person who had been there on a short stay wrote, "Many thanks for the professional, warm and friendly care I received during my stay. I always felt so safe and comfortable with you."

We spoke with three relatives about their views on the home and their relatives experiences. One told us, "I would highly recommend this home, I believe it's outstanding. All the staff are willing to engage and have gone the extra mile on more than one occasion. My [relative] has been so well supported and cared about and that is a rarity these days." Another relative told us, "They [staff] really understood how difficult the move into care was for us all and their response was to support us all. [Relative] is very settled now and very well looked after. The staff are still always happy to give us time to talk with them."

We saw that people's independence was promoted. One person we spoke with said, "I just came in to try it

here and made up my mind that I was going to stay. They allow me my own space and don't try to take over." Another told us, "We can have a laugh, it's nice here, they [staff] allow me to do things for myself but look out for me, it's a good balance." We spoke with the registered manager about how people who used the service could access advocacy services for people. They had sought guidance from the local authority on getting advocates and had involved the office of the public guardian appropriately to support people and protect their interests.

People's preferences, cultural and spiritual needs were respected. Religious services were held and people who wanted to could receive holy communion. The registered manager told us they would support anyone with their faith and beliefs.

Is the service responsive?

Our findings

We looked at a range of care plans for people with different needs. We saw that an assessment of needs had been done before a person came to live at Heversham House and this continued on admission. These assessments covered people's physical, psychological, emotional and social needs. Care plans were focused upon the person and had information about people's likes and dislikes and important people in their lives.

Care plans had been developed from the individual assessments of need and risk and had been reviewed and updated on a regular basis. This helped to make sure information was still current. People told us they had been asked about their needs and their opinions. One person said, "If I want anything to be changed I just say so". A relative told us, "They [staff] are very good at keeping us informed" and another said, "We feel we have been very involved in [relative] care plan".

The service had a complaints procedure that was in display in the home. The home kept a complaints file so that any complaints or concerns could be documented, investigated and investigated and so that any themes could be identified. There had been one complaints received since our last inspection. This complaint had been investigated promptly with all points addressed. The complainant had agreed the actions proposed and had commented positively on the process.

The relatives we spoke with said they had not needed to make any complaints on behalf of their relatives. One told us, "I have never had any concerns at all, the manager is always available and we often speak so I would simply say if I had any complaints to make". All the people we spoke with who lived there and relatives told us they would feel comfortable raising any matters that concerned them with the manager who was described as very "approachable".

Care staff supported people who lived in the home with their social interests and activities and assisted them to spend their time as they wanted. One person was getting Wi-Fi installed to help them keep in touch with family members more easily. Staff helped people to stay in touch with family and friends to promote their emotional wellbeing. We were told by people who lived in the home that staff were flexible and made suggestions about activities and entertainments and told them about what was going on in the village. During our visit a group of people were participating in some armchair ball games with a member of staff. Those participating said they enjoyed this as it helped them stay active. We saw recent comments from relatives praising the staff and registered manager. The comments included, 'Thank you for making [relative] birthday so enjoyable, they had a lovely day and the party tea in the afternoon was lovely – the chocolate cake was heavenly.' Relatives said they were always made welcome in the home and "offered tea".

Staff understood the importance of supporting people to have a good end of life. Staff and management had done accredited courses at a local hospice to gain knowledge in this area of care and in line with best practice. The registered manager was doing training on advanced care planning and communication and on completion would be an 'Advanced Care Planning Champion'. People had been supported to remain in the home as they approached the end of their life. The home worked with the local GP practice and district nurses to facilitate this. This allowed people to remain comfortable and relaxed in their familiar

surroundings, supported by their families and staff they knew and trusted.

Is the service well-led?

Our findings

There was an experienced registered manager in post at Heversham House with the skills required to manage the service. The registered manager demonstrated to us a commitment to trying to make sure that people's experience of the service was always good. The registered manager maintained their professional development by attending regular training and this helped them to keep to date with best practice. As well as completing training relevant to their role, they also chaired the local care home managers group where changes and best practice were discussed with other home owners and registered managers to help provide better care in the local area.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. They told us they felt the registered manager worked alongside them, understood their issues and supported them to provide a good standard of care. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately. A staff member told us, "It's an absolutely lovely place to work; the manager is very good, doesn't make you feel under pressure all the time and is very hands on."

We only received positive comments from people who lived in the home and relatives about the way the service was run. One person who lived there told us, "[Manager] is very kind, always comes with me to hospital and listens to my chatter." A relative said, "They're a terrific staff team here, the manager is very thorough and caring, she finds time for everyone."

Staff meetings were being held to provide a formal opportunity for open communication. However, staff told us that they could discuss work matters at any time with the registered manager and senior staff. They told us the daily handover meetings between shifts also helped make sure they had up to date information about people's needs and other important information. Staff said they felt their views were listened to by the registered manager and their opinions valued.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager to monitor practices and see what needed to be changed or improved. These included audits of medication, the environment, care records, accidents and incidents. People who lived in the home and relatives confirmed that annual satisfaction surveys were done in the home. This gave them a formal opportunity to comment on the service. The most recent survey asked a range of questions about people's views and experiences of living at the home. The responses showed a high level of satisfaction with the service provision.

Notifications of deaths, serious injuries and allegations of abuse were sent in to the CQC as required. The rating for the previous inspection was displayed within the home.