Heartlands Care Limited

Heartlands Care Home Ltd t/a Lanrick House

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

Overall summary

This inspection took place on the 28 May 2015 and was unannounced. This was the first inspection of Lanrick House since the new provider had taken over in February 2015. We had begun enforcement action in relation to the previous provider as we had serious concerns about the health, wellbeing and safety of people who used the service.

Lanrick House is registered to care for up to 32 people who may have dementia and physical disabilities. At the time of the inspection only 10 people were using the service as the service had a suspension placed on new admissions by the local authority due to their safeguarding concerns. This had now been lifted as the local authority had seen improvement in the safety and quality of care since the new provider had taken over.

Summary of findings

The registered manager had remained in post during the change of provider. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for and where other people need to make this decision for them. The provider followed the principles of the MCA and DoLS to ensure that people were supported to make decisions in their best interests when they lacked capacity to do so themselves.

People were safe as staff knew what constituted abuse and who to report it to if they suspected someone had been abused.

Staff were knowledgeable about people's care needs and knew how to reduce the risks of harm by following the risk assessments and care plans that had been implemented.

Staffing levels were sufficient, people did not have to wait for help and support when it was needed. People's medicines were managed safely, staff were trained and knowledgeable to support people with their medication as required.

People had enough to eat and drink. They told us they enjoyed the food and had been involved in drawing up the menus based on their individual preferences.

People had access to a range of health care professionals and were supported to attend appointments when required.

People told us they were happy and felt well cared for by the staff and management. Interactions between staff and people were kind, caring and compassionate. People's privacy and dignity was respected. Relatives and friends were free to visit at any time.

Care was delivered dependent on people's individual preferences. People were encouraged to have a say in how the service was run through regular meetings and being involved in their own care planning.

Systems were in place to ensure continuous improvement. People, staff and visitors told us they liked the new provider and found them approachable. Staff told us they felt proud to work at Lanrick house.

Summary of findings

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 safe. People were safeguarded from abuse or the risk of abuse. There were sufficient numbers of staff to meet people's individual needs and keep people safe. Risks to people's health and wellbeing were identified, managed and reviewed. There were safe systems to ensure that people received their prescribed medication.

Good

Is the service effective?
The service was effective. The provider followed the principles of the MCA and DoLS. Staff had received training and felt able to fulfil their role effectively. People had access to a range of health care professionals and were supported to attend appointments when required. People's nutritional needs were met.

Good

Is the service caring?
The service was caring. People were treated with compassion and dignity. People's right to confidentiality was respected. People's privacy was protected.

Good

Is the service responsive?
The service was responsive. People received personalised care that met their individual needs. People were involved in how their service was run. Whenever possible people were involved with the planning of their own care. When this was not possible, where applicable, people's representatives were involved.

Good

Is the service well-led?
The service was well-led. Staff told us they felt well supported by the new provider and registered manager. People were asked their views and experiences of the home at regular intervals. Effective systems were in place to regularly assess, monitor and improve the quality of care.

Good

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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 inspection took place on the 28 May 2015 and was unannounced.

The inspection team consisted of two inspectors.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. We spoke to the local authority safeguarding team and the commissioners of the service to gain their views.

We spoke with eight people who used the service, a relative and a visiting health care professional. We did this to gain people's views about the care. Some people who used the service were unable to speak with us, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the provider, registered manager and four members of staff to gain information on how the service was run.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, policies and procedures, complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

People who were able to told us that they felt safe. One person told us: “They look after us”. We observed other people’s care during the inspection to ensure it was safe. We saw one person being supported to walk with a member of care staff and a walking frame. The staff member had carefully left the person’s wheelchair in close proximity so that when the person felt they had enough they could be supported to safely sit down. Risks of harm to people were minimised through the effective use and the following of risk assessments. When people had been identified as being at risk of harm for example; falling, or weight loss, a risk assessment was implemented and where possible referrals to external agencies such as the falls and speech and language teams were made. A member of the falls team was visiting the service on the day of our inspection to support staff to minimise the risk of falls for one person.

Staff we spoke to knew what constituted abuse and who they should report it to if they suspected someone had been abused. One staff member told us: “I would report it and fill in the forms, we have all the contact numbers available to us if we need them”. We saw that the phone numbers for the local safeguarding team and the procedure to follow were visible in the reception area and office for people to use if they suspected abuse. All the staff had recently undertaken safeguarding training from the new provider, staff told us that they found the training really useful and it had refreshed their knowledge.

People told us and we saw that people didn’t have to wait to have their care needs met. There were sufficient members of trained staff to meet people’s needs safely. One staff member told us: “We have enough staff now but we will need more when the home starts to fill up”. The manager told us that as new people were admitted into the service, staff hours would be increased and new staff employed to ensure that their needs would be safely met. This meant there was a contingency plan in place to be able to increase the staff numbers when required. The provider followed safe recruitment procedures prior to offering people a job. Checks were undertaken to ensure that prospective staff were suitable and safe to undertake the role.

We saw safe systems were in place to store and administer people’s medications. We observed the senior member of staff administer people’s medicines in a safe way. Photo identification was evident on people’s medication records to ensure staff identified the correct person when they administered medication. Some people were prescribed pain relief and it was clearly recorded when it was required and when it had been administered. Medication was kept in a locked trolley and the provider was in the process of building a new clinic room for the safe storage of all medication. All staff expected to administer medication as part of their role had been trained to do so and had been assessed as competent by the registered manager. The provider told us that all staff were going to be trained so that there was always someone available to safely administer people’s medication when required.

One person with diabetes was at risk due to the potentially unsafe administration of a specific prescribed medication by the care staff. The provider had contacted the district nurses and requested that they met and agreed with the person that they administered the medication as they were trained to do so. The provider told us that they were hoping that the care staff at the service would be able to be trained to undertake the procedure but until then it was safer for the nurses to do it. This meant that the provider was protecting this person from the potential unsafe administration of medication by ensuring that suitably trained staff were administrating medication.

Good

Is the service effective?

Our findings

All staff, including the registered manager had recently undertaken a comprehensive induction provided by the new provider. They told us that they had found it really useful and that their knowledge of their roles had grown. One staff member told us: "Without knowledge we can't do our job properly. I have learned about caring for people with dementia, the training has been really useful". Another staff member told us: "The training has been brilliant, the provider has said that I can do NVQ level 3 training and then do NVQ level 4, this is really good and I am looking forward to it". We observed staff and saw that they knew people well and were competent in their roles.

Staff told us they had all had individual confidential meetings with the new provider to discuss any concerns they might have had and to plan for their personal development. There were plans in place for continuous supervision and appraisals to maintain and improve staff performance. A training provider was employed by the provider to ensure training was kept up to date and in line with relevant legislation.

Some people who used the service had dementia or mental health issues that at times meant they required support to make decisions. The provider was working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were supporting people to make decisions in their best interests by involving people's representatives and outside agencies. Some people were subject to a DoLS authorisation. We saw that these had been completed following an assessment of the person's mental capacity. The authorisations had been put in place to restrict people who would have been at risk if they had left the service alone. The correct guidance had been followed to ensure these restrictions were lawful and in people's best interests.

We saw two people had an advanced planning record which expressed people's wishes for the care they wanted to receive at the end of their life. We saw that these had been signed and agreed by both people with the involvement of the person, their relatives and GP. This meant these people were making decisions about their own future care preferences.

People told us they liked the food. At breakfast people had what they liked, some people had porridge, toast or cereals. Other people were having a cooked breakfast. At lunchtime we saw that people had a choice of two main meals. One person required a soft diet due to swallowing difficulties; discussions took place with the cook and management about the presentation of their meal as we observed a member of staff mash all the various food items together. They assured us that they would ensure that this person's soft meals would be presented in a more visually pleasing manner. Choices of drinks were on offer throughout the day and people's preferences were visible in the kitchen area for all staff. Specialist equipment was provided to assist people who required help with eating independently, for example lipped plates and adapted cutlery.

People had access to a range of health care professionals. On the day of our inspection we saw a visiting district nurse and a falls team assessor. People were supported by staff to attend health care appointments when they required support. One person wished to go to their appointment alone and the provider was going to facilitate this for them through careful planning and risk assessment. Staff knew what to do if someone was showing signs of being unwell. We saw one person had sore eyes and a member of staff quickly sought advice from the senior who in turn reported it to the person's GP for advice. One staff member said: "It depends but if I thought someone was unwell I would get advice dependent on how serious it was I would ring 111 or 999".

Good

Is the service caring?

Our findings

People told us they liked the staff and that they were kind and caring. A visitor told us: “They [the staff] look after my mum very well. The staff are very good and I can’t fault them they are amazing. They always phone me if mum is not too well or is asking for me”.

We saw that staff, the registered manager and provider interacted with people with compassion. Two people were visibly distressed and worried about separate issues. The provider spent time with both people alleviating their worries and answering their concerns. One of these people told us: “It’s all been sorted now, I feel better”. Another person complained of back pain. A staff member immediately offered them pain relief and a cushion. The person refused but the staff member stayed with them comforting them and talking to them. The person said: “I like you” and the staff member replied: “I like you too”.

Staff spoke kindly to and about people they cared for. One staff member told us they had recently supported a person on a hospital appointment and when the person had become anxious about the procedure they had sat and held their hand throughout to comfort them. This showed that these people were being treated with compassion.

People’s privacy was respected. Bedroom and bathroom doors were shut when in use. We saw that when one person became unwell a screen was used to protect their privacy from others. The manager told us of plans to implement dignity and respect signs for all bedroom doors so staff and visitors would know not to disturb the person at a time they may have been receiving personal care. Staff had recently undertaken dignity questionnaires to ensure that they were reminded of the need to treat people with dignity and respect. We saw that staff were respectful and treated people with dignity whilst supporting them.

People who used the service were encouraged to be involved in the planning of their care. Regular meetings took place for people and their relatives. The provider told us the meetings were informal and a finger buffet was supplied to encourage people to attend. A suggestion box had been put up in the reception area and we saw that one person had asked for a hairdressing salon with a basin. The provider showed us the planned room and we saw that this person’s request was being facilitated.

People were supported to be as independent as they were able to be. We saw one person was supported to walk short distances by care staff to aid their mobility; another person was given specialised eating utensils which meant they were able to eat independently at lunch time. We saw that two people who had previously stayed in their bedrooms had begun to spend a small amount of time in the communal areas. We were told that this had been through gentle reassurance on their terms and they could stay for as little or as long as they wished.

People’s confidentiality was respected. We saw people’s care records were stored securely and staff had recently undertaken data protection training.

Good

Is the service responsive?

Our findings

People chose when to get up and go to bed. Some people remained in their rooms during the day others had their own favourite chairs in the lounge areas. People chose to sit with who they liked. Some people had a special friendship and liked to sit together. Menus had been put together with people who used the service and the cooks to ensure people had what they liked to eat. We heard people being offered choices of what they would like to do, eat and drink.

Each person had a designated member of staff called a key person. Personal profiles had begun to be put together, which would include people's history, likes and dislikes, interests and aspirations. This meant that important information would be gained to support the staff to care for the person dependent on the person's individual needs and preferences.

We saw that work towards making the service more 'dementia friendly' had begun. Large signs and photographs were visible on bedroom doors to help people find their own rooms; the menu for the day was in photographic form so people could visualise the choices available to them. The provider had implemented all relevant paperwork such as the service user guide, charter of rights and complaints procedure in an easy to read form, which included pictures for people with reading difficulties. This meant that the provider was supporting people to have access to information that was relevant to them in a format they would understand.

An activity coordinator had recently been recruited and until they started work, care staff were encouraging people to take part in games and activities within the home. We saw that there had been a recent VE celebration day. One person told us: "Oh yes it was great, really nice, music and dancing". A relative told us: "At the recent VE day people were involved and seemed to come alive it was lovely to watch and to be included".

People knew how to complain. One person told us: "The lady in the office will sort anything out". We saw that one person had complained that their personal belongings had been moved in their room by a member of staff. The provider had recorded it and managed it through the formal complaints procedure and the person had received an apology and assurance that this would not happen again. Another person had complained that workmen were smoking outside their bedroom window and the smoke was entering their room through an open window. The situation had been resolved and the workmen were now smoking in a designated area of the garden. This meant that the provider took these people's concerns and complaints seriously and acted to resolve them in a timely manner.

Good

Is the service well-led?

Our findings

People who used the service and staff told us they liked the new provider and registered manager and found them supportive. A staff member told us of the provider: "If they say they are going to do something it gets done". The provider demonstrated a passion for caring for the people they provided care for, they told us: "I have a moral obligation, I care for people like they are my own relatives and I expect my staff to too".

Staff told us they felt supported and knew who to contact if they needed any advice at any time. One staff member told us: "It is good that we have someone that we can contact if we need to do so. The contact details of the managers and the people on call are in the office".

Staff were receiving support and supervision and the registered manager and senior staff were at times working alongside care staff so they could understand the role of the carer and so as to lead by example. The provider told us: "I have told the staff I won't ask them to do anything I wouldn't do myself and I won't".

Staff spoke about their recent training and told us how it was supporting them to fulfil their role. One staff member said of the recent changes: "It's really exciting, all the new paperwork makes me realise how bad things were". Another staff member told us: "I feel proud to say I work here now, it's a pleasure to come to work".

Regular staff meetings took place and staff confirmed they had attended. One staff member told us: "Yes there was a meeting yesterday, we talked about the role of the keyworker". This meant that staff were actively involved in developing the service.

We had previously received an action plan telling us how the new provider planned to improve the service following the purchase of the service. We found that all the improvements identified on the action plan had been made.

The provider had implemented systems to ensure continuous improvement. Monthly quality inspections took place by a quality assurance manager and the registered manager recorded and analysed incidents and accidents within the service and a trends analysis was formulated. Comprehensive action plans had been developed which linked to our (CQC) five domains and we saw that improvements were being made in line with the action plans requirements.

Recent surveys had been completed by staff and people who used the service and we saw the results were available in the reception area. Professionals linked to the service had also been asked to participate in the survey but the provider had not received a response. This meant that the provider was seeking the views of key people involved in the service and improvements had been made based on the information within the surveys.