

Heatherdene Limited

Heatherdene

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

Heatherdene provides accommodation and support for up to 23 people who were living with mental health conditions. People required a range of support to enable them to live independent lives. There were 19 people living at the home at the time of the inspection.

There is 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.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 31st July and 1st August 2017.

At the time of the inspection there were changes taking place at the home with part of the service being changed to supported living. Some people living at Heatherdene were going to move into the supported living part of the service. Everybody had been involved in discussions about these changes and being supported by staff and social care professionals to make the changes.

We last carried out an inspection at Heatherdene in June 2016 where we rated the service 'requires improvement' however there were no breaches of regulations. This was because we found some areas of practice that needed to improve. At this inspection we found that improvements had been made and the provider had addressed these concerns.

People received support from staff who knew them well. They had a good understanding of people's individual needs, choices and preferences. They understood how people liked to receive their support and worked with people to ensure they received the support they required. Staff were kind and patient; they treated each person as an individual and supported them to maintain their dignity.

Staff were aware of the risks associated with supporting people and knew what steps to take to ensure people remained safe, but retained and improved their independence. There was guidance in place for staff to follow. There were enough staff to support people safely; they received the training and supervision they needed to help them meet people's needs. Staff had been appropriately recruited and were suitable to work at the home. There were systems in place to ensure people received their medicines as prescribed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were supported to make their own decisions. People had a choice of what to eat and drink throughout the day. They were encouraged to maintain a healthy diet. People were supported to maintain good health and they had access to relevant healthcare professionals when required.

The registered manager was well thought of by people and staff. There was an open and positive culture at

the home which was focussed on ensuring people received good person-centred support and developing their independence.

A quality assurance system was in place to monitor the service and the quality of support people received. This meant areas for improvement were promptly identified and addressed.

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 ●

Heatherdene was safe.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe.

Risks to people were well managed.

There were enough staff, who had been safely recruited to meet people's needs.

Medicines were managed safely and people were given their medicines when they needed them.

Is the service effective?

Good ●

Heatherdene was effective.

Staff were supported with induction, training and supervision to help them meet people's needs.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink.

People were supported to access to healthcare services when they needed it.

Is the service caring?

Good ●

Heatherdene was caring.

People were supported by staff who were considerate and caring.

People were treated as individuals and staff respected their dignity and right to privacy.

People were involved in decisions about what they did each day. Staff supported them to maintain their independence.

Is the service responsive?

Good ●

Heatherdene was responsive.

People were able to make individual and everyday choices and staff supported them to do this.

Staff had a good understanding of providing person-centred support. They knew and understood people as individuals.

There was a complaints policy in place and people told us they would raise any worries with staff.

Is the service well-led?

Good ●

Heatherdene was well-led.

There was an open and positive culture at the home. This was focussed on ensuring people received good person-centred support.

There was clear leadership and staff understood their roles and responsibilities.

There were systems in place to monitor the quality of the care and service provided.

Heatherdene

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 was an unannounced inspection on 31 July and 1 August 2017. It was undertaken by an inspector and an 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.

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 information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with twelve people who lived at the home and seven staff members, including the registered manager. Following the inspection we spoke with one healthcare professional who visits the service. We observed the support which was delivered in communal areas to get a view of support

provided across all areas. This included the lunchtime meals.

We last carried out an inspection at Heatherdene in June 2016 where we rated the service 'requires improvement' however there were no breaches of regulations.

Is the service safe?

Our findings

People told us they felt safe living at the home. Their comments included, "When I first moved in, I used to call the police with any problems I had, but I now feel I can talk to the staff." "I do feel safe, I have a key to my own room," and "I definitely feel safe here."

People's risks were safely managed. There was a range of individual and environmental risk assessments and staff had a good understanding of the risks associated with supporting people. The risk assessments identified the risk and what actions were required to minimise the risk and help the individual remain as independent as possible. The risk assessments related to people's behaviours, smoking, going out alone and personal hygiene. On occasions some people chose not to maintain their personal hygiene, risk assessments and care plans provided guidance for staff to provide the appropriate support, for example assisting with a strip wash rather than having a bath or shower.

People told us they were involved in their own medicines and received the support they needed. One person said, "I didn't feel very confident doing my medications myself, so I asked if they could help me which they do every day now." Another person told us, "The staff show me all of my tablets when sorting them out for me." There was a system to ensure people received their medicines safely, as prescribed. Medicines were stored securely and appropriate arrangements were in place to ensure this was maintained during the refurbishment of the home. People received their medicines in their own bedroom; this gave them the opportunity to discuss any private matters with staff. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were individual PRN protocols to show why people had been prescribed these medicines however, most people were aware when they needed these. When PRN medicine were given this was recorded in the medicine administration record (MAR) and also on the white board in the office. Staff told us this enabled them to see at a glance if the person had recently had their PRN medicines. One staff member said, "Obviously we would check the MAR before we gave it, but from the white board we can tell the person straight away if they are able to have something." Throughout the inspection we saw people requesting their medicines if for example they were experiencing discomfort or felt anxious. When PRN medicine was given for anxiety staff had a clear understanding of why it was needed and were able to explain to us the reasons.

With a view to moving to supported living and helping people maintain and regain their independence changes had been made to the medicine system. One person told us, "I do my medications myself; I've got a locked cabinet in my room." Where possible, people had chosen what time they would like their morning, lunchtime and evening medicines. This reflected people's individual preferences and lifestyle. One person administered their own medicines and changes had been made to their prescription. Staff were working with the pharmacist to ensure the changes did not impact on the person and they were still able to remain independent.

MAR charts were completed correctly and signed only when the medicine had been taken. Before staff were able to give medicines they received training and were assessed to make sure they could do this safely. Staff were regularly assessed to ensure they remained competent to give medicines.

People were protected against the risk of abuse because staff understood what actions to take if they believed people were at risk. Staff told us they would speak to the registered manager or senior person on duty, if that was appropriate otherwise they would contact CQC or the local safeguarding team. They told us any concerns about abuse would be identified and addressed immediately.

People told us there were enough staff to support them safely. Staffing numbers varied dependant on people's needs. This made sure staff were able to accompany people to any appointments or go out with them for a social activity. Staff confirmed there were enough staff to support people in the way they chose.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were completed before staff started work to ensure they were of suitable character to work at the home. This included references, employment history and criminal records checks which had been undertaken with the Disclosure and Barring Service (DBS).

At the time of the inspection the building was undergoing some re-configuration and refurbishment. There was ongoing work with a new fire alarm system being installed during our inspection. People had been informed about what was happening. One person said, "There is a notice up about the electricians that are here this week so we knew they'd be here." Regular health and safety checks took place which included water temperature and fire safety checks. Staff had received fire safety training and undertook regular fire drills and personal emergency evacuation plans in place. The home was staffed 24 hours a day with an on-call system for management support and guidance. There was regular servicing for gas and electrical installations and maintenance of the home was ongoing. Cleaning schedules and checks were in place to ensure the home remained clean and tidy. Day to day maintenance was recorded and signed when completed.

Is the service effective?

Our findings

People told us the staff were well trained. They said staff knew their needs and, "did a good job." People were able to make their own choices and were supported to eat and drink a variety of food of their choice. One person said, "The choice of food is very good, there is a wide choice." Another told us, "I can eat my dinner whenever I like up until 10pm."

Staff adhered to and followed the principles of the Mental Capacity Act 2005 (MCA). The 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. At the time of the inspection everybody had capacity to make their own decisions. Staff had been concerned that one person may not have the capacity to understand the importance of taking medicines they had been prescribed for a newly diagnosed condition. Best interest meetings had been held to discuss how this could be addressed, this included giving tablets covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. However, the person did understand and took their medicines as prescribed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection people had capacity to make their own decisions and nobody was subject to a DoLS authorisation. Some people at the home were under section of the Mental Health Act 1983. This meant they had to live at Heatherdene and for some people included other restrictions. They received regular reviews by the mental health team and social worker.

Apart from restrictions within their sections people were able to make their own decisions. Some people made decisions that may not be considered wise. Staff were aware of these and offered guidance and support about improving their choices. One staff member said, "People have capacity, they make their own decisions but we are generally aware and will try and help them to make better choices where we can."

People were supported by staff who had the appropriate knowledge and skills. All staff completed a rolling programme of essential training which included medicines, mental health awareness, health and safety, mental capacity and DoLS. There was a system in place which ensured staff received continual updates in line with the provider's policy. They were also able to complete further training which included health and social care diploma at various levels and the deputy manager was currently completing their leadership course.

When staff started work at the home they completed an induction where they were introduced to the home, people, policies and daily routine. Part of the induction included shadowing and working with other staff to enable them to get to know people and their preferred routines. Staff who were new to care completed Care

Certificate training which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us the induction enabled them to get to know people and the day to day routines of the home.

Staff received regular and ongoing supervision. This identified any areas that staff needed support training or further development. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt well supported by the registered manager and their colleagues. They were able to discuss any concerns with her and knew this would be treated appropriately.

People told us they were encouraged and supported to maintain good health and regular contact with healthcare professionals. People's records showed that they had regular access to healthcare services such as the GP, mental health team, dentist and chiropodist. Where people needed support this was provided by staff. One person told us, "If I need to see my GP, the staff will always make an appointment for me." Another person said, "Staff will make appointments for me and always take me to them." Staff were attentive to changes in people's physical and mental health and ensured they received the support from the appropriate healthcare professionals. One person said, "Staff noticed I had an infection in my legs which I would never have noticed if I'd been on my own." Individual healthcare arrangements were in place to suit people. This included healthcare professionals visiting the home, telephone consultations with people or with staff. Some people declined to be involved with their own healthcare or aspects of, and staff were aware of this. They continued to support people appropriately and reminded them of their options such as visiting the GP or dentist. A healthcare professional we spoke with told us staff knew people well, they referred people to them appropriately and acted on the advice given. They said, "The staff look after people well, they don't panic and people are happy there."

As far as possible people were supported to maintain a healthy and nutritious diet. Nutritional assessments were in place and these identified if anybody was at risk of malnutrition, dehydration or there were any other risks associated with eating and drinking. One person had been identified at risk of choking because they ate quickly. There was guidance for staff to remind the person to slow down when they were eating. No-one was at risk of malnutrition through weight loss, however some people were considered to be overweight according to their body mass index. This showed they were too heavy for their height. They were supported and encouraged to eat a healthy diet with the aim of losing some weight, however not everybody chose to do this. Individual choices were accepted. Some people had risks associated with their health when they did not follow the recommended guidance. This included people who were diabetic, but did not follow a healthy diet. Staff told us they encouraged people to make healthy food choices and reminded them of the importance of doing so. One staff member told us, "I was aware (the person) had not eaten any dinner, later on I saw they had asked someone to go and buy them some sweets. We had a chat and I made them something healthier from the kitchen."

People ate their main meal in the evening. There was a menu displayed and choices were offered. If people did not like what was on the menu that day then alternatives were offered. There was a weekly menu planner and people recorded their choices throughout the week. One person said, "There's a menu folder up on the shelf in the lounge which shows us a week's menu choices which we can sign up to what we want. Staff will tick our choices for us if we need them to." People told us there was a wide choice and they enjoyed the food. Meals prepared were home cooked and appeared nutritious and healthy, vegetables were served each day and fruit was always available for people to help themselves.

For breakfast and lunch people chose what they liked to eat when they wanted to. Where necessary they were supported by staff. There was a small kitchen and people were able to make their own hot and cold drinks and snacks throughout the day. One person told us staff were going to support them to make

poached egg on tomatoes as this was one of their favourite snacks.

Mealtimes were not at set times, rather people ate when they chose to. We saw people eating their meals in the dining room within small friendship groups. Only one person needed their dietary intake recorded. However, staff were informed each handover whether people had eaten their meals at that time. This meant staff had an overview of whether people were eating and were able to identify any changes in people's eating patterns. People were weighed monthly, or as they chose, which enabled staff to assess their weight remained within normal limits for each individual.

Is the service caring?

Our findings

People told us they were happy living at the home. Some people who were moving to the new service said they were happy they would still be supported by staff who they knew. They told us that staff were, kind, caring, helpful, attentive and respectful. One person told us, "All the people here make it a good place to live." Another person said, "The staff here are excellent." A visiting healthcare professional told us, "Nothing is too much trouble for staff."

There was a relaxed atmosphere at the home where people were able to spend their time as they chose. People were supported by staff who knew them well and had a good understanding of them as individuals, their needs, preferences and choices. Staff were able to tell us about what people liked to do, their personal histories and interests. People were treated individuals and they received their support in the way that they chose. They were involved in all decisions about the support and care they needed and able to decide when and how they wanted this support. We observed people getting up when they chose to and deciding how to spend their day. Some people went out either alone or with staff; others stayed at Heatherdene and spent time in the communal areas and the garden. People had clearly developed their own friendship groups and appeared to enjoy spending time in each other's company. We observed friendly chat and banter between them throughout the day. One person said, "The other residents here make me happy, they are a friendly bunch." Some people preferred to spend time on their own and remained in their bedrooms, or went out during the day.

One person told us, "I feel very comfortable talking to staff" and this is what we observed during the inspection. People were at ease in the company of staff, they approached staff if they required any advice or support. Throughout the day staff provided a reassuring presence for people, they always had time to talk with people. We heard good natured chat and laughter throughout the inspection. Interactions between people and staff was open, friendly and relaxed.

People were supported and encouraged to maintain and improve their independence. One person said, "The staff here go out of their way to help you." Staff allowed people time to do things for themselves, but were always available if people needed support.

People's privacy was respected. People had keys to their bedroom doors and staff did not enter without permission from the individual. When people were in their room's staff knocked before entering. One person told us, "The staff always knock on my bedroom door and ask if they can come in and ask me if I'm decent, before coming in." Some people showed us their bedrooms and we saw these had been personalised with people's own belongings and they reflected people's interests and hobbies. People received the support they needed to keep their bedrooms clean and tidy whilst retaining their independence. One staff member told us, "We know (person's name) is unable to look after their own room, so we will do that as and when (person) will allow us."

Some people required support to maintain their own personal hygiene and maintain their dignity. Staff told us how they would speak to people discreetly and suggest for example they may wish to change their

clothes. Some people had care plans in place which provided guidance and showed the person had agreed to a particular plan of support. Staff were aware some people declined support, but continued to work with the person to help maintain their dignity.

Staff were aware of situations that may cause distress to people and worked to minimise this. Some people were anxious about the upcoming changes to the living arrangements for people. Staff provided constant reassurance with kindness and patience. One staff member said, "We know it's a really big thing that's happening and we will continue to support people to make the change as smoothly as possible."

During the inspection there was ongoing maintenance work taking place. Staff had recognised that the noise and disruption may cause upset to people and informed the contractor. We heard the contractors informing staff when work was due to commence because they were aware the person who was present in the room may be disturbed. The registered manager told us, "I know the work has to be done, but my prime concern is the welfare of people here. If they're upset the work has to wait."

Is the service responsive?

Our findings

People received care that was personalised to meet their individual needs and choices. Their preferences were recognised and everyone was treated as an individual. One person said, "Staff listen to what we say and take in to account our opinions." Another person told us, "I always feel that the staff here want to listen and I definitely think they help people sort out their problems." People told us they would talk to the registered manager or staff if they had any complaints. Staff knew people well and had a good understanding of their individual needs and preferences.

Before moving into the home people's needs were assessed to make sure their needs could be met. The assessment process was spread over a period of time. People visited the home for increasing lengths of time, meeting other people, having meals together, staying overnight or for a weekend. This helped to ensure that people and staff knew each other before they moved in. It helped identify areas where the person may require more support. It also meant people knew they would get on well with people who already lived at the home. Where appropriate the assessment process included professionals, family and friends who were involved in supporting the person.

Each person had care plans in place; these were person-centred and reflected each individual. They included information about the person such as their daily routines, where they needed support or prompting and what people were able to do for themselves. Care plans were reviewed monthly and included people's achievements and any new goals that had been set. One person's care plan stated they needed encouragement with their personal hygiene. The monthly review showed the person had achieved a weekly strip wash or shower and had changed their clothes regularly. Another person had a goal to manage their own laundry and there was a plan in place to help them achieve this. Some people had regular routines and others approached staff when they wanted support. One person told us, "I'm a zombie when I first wake up, so staff help me with my foot cream."

On occasions some people were at risk of displaying behaviours that may challenge. There was clear information for staff about how to support people appropriately. There was information about potential triggers and how these should be avoided. This included distraction methods and de-escalation guidance such as one to one support in a quiet environment. Staff were attentive to changes in people's moods and behaviours and responded appropriately to help people remain calm. This included acknowledging the person felt unsettled, offering reassurance but allowing the person time to 'just be.'

Some people had changes in their health needs. There was clear information in care plans and risk assessments about how this affected people on a daily basis. There was guidance for staff, who also understood how these health needs affected people. A change in health needs had affected one person's mobility and increased their risk of falls. Staff were observant of this person when they were walking around; they offered support appropriately but helped the person retain their independence. One person who was living with diabetes had declined most medical interventions which meant staff had limited information about how the diabetes affected the person. Staff had worked with the person to explain the importance of looking after themselves. As a result, if the person felt unwell they would now agree for staff to test their

blood sugar levels. Staff told us "We don't know what (person's name) normal blood sugar levels are, this isn't ideal, but at least we can try and find some sort of range and know what might cause him to feel unwell." Staff confirmed they were working closely with the person's GP to share the information to help develop an improved understanding of how diabetes affected this person.

People were free to do what they liked during the day. Apart from restrictions within their sections people were free to come and go as they chose. One person told us, "I can do lots of things here that I like to do, meditate in the garden, go to church on Sunday and go out on day trips." People were able to get up and go to bed when they liked. They were offered a key to the front door, although some people declined these. Some people went out to local shops or cafes. Some were able to meet friends and family, others went out with staff. We saw staff chatting with people and asking them if they would like to go out and what they would like to do. We observed staff were flexible to people changing their mind and offered alternative suggestions. Staff supported people to retain and improve their independence when going out. One person told us, "Staff helped me to get my free bus pass." Regular day trips and group activities were organised and some people enjoyed this. One person said, "Something that makes me happy is the day trips that are organised, last week we went to Rye Market and when we're indoors at home, they sometimes organise bingo board games."

People were regularly asked for their feedback. There were regular residents meetings where people were able to discuss what was happening at the service. Minutes from a recent resident meeting showed discussions had taken place about menu choices, activities and trips out. These had been signed when read by people and staff. People were also asked to complete surveys to feedback about the support and living at the home. Feedback from these were positive.

People all identified the registered manager, by name, as the person they would go to if they had a complaint. There was a complaints procedure in place and this was available for people. People were asked informally on a daily basis if they had any complaints and these were addressed accordingly. We saw people approaching staff and the registered manager throughout the inspection to discuss minor issues; these were dealt with promptly which prevented them becoming formal complaints. We saw that complaints raised had been dealt with appropriately. There was one complaint in progress at the time of our inspection.

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person said, "I know who the manager is and I can go and see her whenever I want to." People all knew her by name and told us she was approachable and listened to them.

There were systems and processes in place to monitor the quality of the service and support provided. Regular audits were undertaken by the quality assurance team, these looked at all aspects of the care and service over year. The area manager completed regular audits which complimented those by the quality assurance team. Where improvements were needed these were documented into an action plan to be addressed by the manager. These were checked at the next audit to ensure actions had been taken to rectify any shortfall. Incidents and accidents were monitored and analysed for any emerging patterns. This ensured the continuous development of the service.

The registered manager had a good overview of the service; she knew people really well and had a good understanding of them and their individual needs, choices and preferences. She was a visible presence and worked at the home every day. We saw people and staff approaching her freely throughout the inspection. People regularly came into her office for a chat or reassurance. She was sensitive and sympathetic to the changes taking place at the service. One person had told us, "I am feeling quite unsettled at the moment due to the changes taking place." The registered manager told us this applied to a number of people and support, information and reassurance was continually provided. The registered manager told us, "The changes affect us all, those that are moving to supported living, those that are staying here and all of us staff. We are all working hard to make sure the transition is as smooth as possible for people. I keep reminding them. I'll still be here." This demonstrated the registered manager's commitment to ensuring people received the appropriate support and were fully involved in the process.

The registered manager understood her responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred within the service. This was to ensure that we have an awareness and oversight of these to ensure that appropriate actions were being taken. The manager was aware of the duty of candour requirements following the implementation of the Care Act 2014. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager told us they kept themselves up to date through regular training and supervision. She also received support from the area manager and another manager from a sister home. They had developed their local support network and met regularly to discuss concerns and improvements.

There was an open and positive culture at the home. Staff told us they felt well supported by the registered manager and their colleagues. One staff member said, "Working here is like being with friends and family." Staff told us they could discuss any concerns with the registered manager and were confident they would be addressed appropriately. Staff were regularly asked for their feedback about the day to day running of the home. They were kept up to date about changes at the home through regular staff meetings. This gave them an opportunity to feedback any comments, suggestions or ideas. Staff told us they felt listened to and valued.

Staff had a clear understanding of their roles and responsibilities. They were updated about people each day at handover. They were informed of any changes to the person's support needs, health or mood. They were informed what the person had done during the day, whether they had eaten their meals and where they were at the time of the handover. This information was also included in the daily notes which were regularly updated throughout the day.