

Heritage Care Limited

Dorothy Terry 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

The inspection was unannounced and took place on 30 June 2015.

Dorothy Terry House is registered to provide accommodation and personal care for a maximum of 15 people. There were 11 people living at the home on the day of the inspection. People were living within their own flats in a newly built complex.

There was no registered manager in place at the time of our inspection. The manager who had been in post since November 2014 had recently applied to become

registered and was going through the process. 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.

At our last inspection in June 2014 we found the provider was not meeting the regulations in relation to the management of medicines. Following the inspection in

Summary of findings

June 2014 the provider sent us an action plan telling us about the improvements they had made to meet the regulation. We found that these improvements had been made. People's medicines were managed safely and suitable storage was in place.

People who lived at the home said they felt safe living there and told us that they liked the staff. Staff were respectful and upheld people's privacy and dignity. Staff demonstrated an understanding of the actions they would need to take if they witnessed or suspected abuse.

People were supported by staff who had received training to make sure they had the skills and knowledge needed to care for them. Staff knew about people's care needs

and the risks associated with their care. People's care was regularly reviewed. Sufficient staff were on duty to meet people's needs and people were able to maintain their interests and hobbies.

People told us they liked the food and were supported to drink sufficient fluid. The atmosphere in the home was relaxed and friendly.

Care was provided with people's consent or following the application of suitable arrangements for decisions to be made. People had access to doctors when needed although some people were not able to access a dentist.

People were aware of their right to complain about the service provided. Systems were in place to monitor the quality of the service.

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?

People felt safe and were cared for by staff who had knowledge about keeping people safe from abuse. People were supported by a sufficient number of staff. People's medicines were safely managed and stored.

Good



Is the service effective?

People were supported by staff who had received training to look after them. People gave consent for the care they received or appropriate safeguards were in place when people were unable to make decisions. People enjoyed the food supplied.

Good



Is the service caring?

People found the staff to be kind, caring and respectful. People's privacy and dignity as well as their right to make choices were respected.

Good



Is the service responsive?

People received care which they were able to participate in. People were able to engage in interests which promoted their individuality. People felt able to raise concerns about the service provided.

Good



Is the service well-led?

People were able to approach the manager as needed. People and their families were supported by the manager during a period of change. An application to become the registered manager was in process with the Care Quality Commission.

Good



Dorothy Terry 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 inspection took place on 30 June 2015 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience who had expertise in older people's care.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of this inspection we reviewed information we held about the service provided at the home. This included statutory notifications that had been submitted. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We spoke with nine people who lived at the home, and three relatives. We observed how staff supported people throughout the day. As part of our observations 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 spoke with the manager and five members of staff including team leaders and a cook. We also spoke with a visiting healthcare professional. We looked at two records about people's care and one staff file. We also looked at training records and quality assurance audits that were completed.

Is the service safe?

Our findings

During our previous inspection in June 2014 we found that the provider was not meeting the regulation regarding the management of medicines. We found the provider had failed to ensure people had received their medicines correctly and some medicines were not stored safely. Following our previous inspection we were sent an action plan which informed us of the actions the provider had taken.

We found the provider had made the necessary improvements. People's medicines were stored, administered and disposed of safely. We spoke with people about the management of medicines at the home. One person told us, "I am happy with my medication and the way staff give it to me". Another person told us, "Staff are good in giving me my medication every day and they make sure that I take it." Staff told us they had received training in administering medicines and we saw training records which confirmed this. One member of staff told us that it was important that people received the, "Right medication when people need it". Records maintained by staff evidenced that people received their medicines as prescribed by a healthcare professional. One member of staff told us record keeping was important to reduce the risk of people receiving an accidental overdose. We saw clear guidelines for staff to following regarding medicines prescribed on an as and when basis. One person told us they are able to obtain painkillers from staff when needed.

People who lived at Dorothy Terry House told us they felt safe. One person told us, "Its good living here and I feel quite safe and well cared for". Another person told us that the staff kept them, "Safe and secure". A further person told us, "I feel safe and well cared for." We saw staff spoke with people in a respectful manner and people told us they were happy and comfortable with the care provided.

Staff we spoke with were aware of their responsibility to protect people from the risk of abuse. Staff told us they would report any actual or suspected abuse to a manager. One member of staff told us they would reassure the person affected and were aware other authorities such as the police may need to be informed. Another member of

staff told us they would report the matter to the area manager if no action was taken to safeguard people. A further member of staff told us they knew what to look for due to the training provided. Staff told us they had not witnessed any poor or inappropriate care take place at the home.

There were sufficient staff on duty to keep people safe. We spoke with people who lived at the home and relatives about staffing levels. One person who lived at the home told us, "I think there are enough people (staff) to care for us all." Staff felt the number of staff on duty was sufficient to meet the needs of the people who were currently living at the home. Staff confirmed that bank staff were available to cover the rota and that the manager also helped out when needed to ensure people's needs were met. The manager informed us they assessed staffing levels to ensure they were sufficient to meet people's needs. The manager was aware an increase in staffing levels could be needed in the foreseeable future due to a potential change in the amount of care needing by people who lived at the home.

We saw that risks to people's care and welfare had been identified and assessed. Risk assessments included moving and handling, prevention of sore skin and falls. We saw that staff supported people where needed for example providing guidance and support to prevent a person from falling while they mobilised. On the day of our inspection the manager was aware that a risk assessment was needed as a result of concerns raised by staff about the fluid intake of one person. This showed that the manager was aware of the changing needs of people who lived at the home. We saw people use equipment such a pressure relieving cushion to prevent their skin becoming sore.

A recently recruited member of staff told us the appropriate pre-employment checks had been completed. These checks included references and a Disclosure and Barring Service check. The Disclosure and Barring Service (DBS) is a national agency which holds information about criminal convictions. Undertaking these checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

Is the service effective?

Our findings

People felt that staff had the skills to meet their needs. One person who lived at the home told us, “I think the staff are trained well enough to look after me. They know what they are doing.” Another person told us, “The staff are knowledgeable and well trained in keeping me well cared for”.

We found the manager and the staff we spoke with to be knowledgeable about people’s care needs. We attended a handover meeting during which the senior on duty checked staff were up to date on any changes in people’s welfare since the last time they had worked. For example staff were made aware of the need to monitor the fluid intake of one person to prevent them becoming dehydrated and therefore ensure their wellbeing. The use of handovers made sure staff had the necessary information about people’s needs before they commenced their shift.

Staff told us they received training relevant to the job they were undertaking and believed the training to be beneficial. One member of staff told us that the provider was, “Very good on training”. The same member of staff told us they enjoyed the training provided as it enabled them to increase their skills and knowledge. For example the member of staff told us they were able to, “Effectively move people safely” as a result of their training. Another member of staff said they learnt something new every day in relation to dementia care. Staff told us newly recruited staff worked alongside experienced staff as part of their induction training until they felt comfortable to work alone. A newly appointed member of staff confirmed they had received induction training and supervision to support them in their work.

We saw staff seek the consent of people throughout our inspection. One person told us, “I’m able to make my own decisions and staff respect me for that.” Another person told us, “They (staff) tell me what they want to do and ask if that’s okay with me.” Staff were aware of the importance of gaining consent before they provided care to people. One member of staff told us they, “Assume people have capacity”. Staff had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA sets out the requirements of the assessment and decision making process to protect people who do not have the capacity to give consent. Staff training had been provided for some

staff while others were scheduled to undertake this training. We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The manager showed us they had submitted two applications and were waiting for a response from the local authority. Staff we spoke with were aware of DoLS and their responsibilities under these safeguards. A relative of one person told us that staff had dealt in a professional way incidents which required an application to be made under DoLS. This meant that where people had been restricted of their right to freedom the manager had followed the correct process. Staff we spoke with were aware of these restrictions.

We spoke with people about the food and drink provided at the home. One person told us, “The food is really good and I have two choices most of the time and there are drinks and snacks about so I don’t get hungry or thirsty and there’s fruit on the table for us.” Another person told us, “I have plenty of drinks and food in my room.” A further person told us, “There’s drinks and food in the lounge when I need it.”

We saw people were offered a range of cold drinks to have with their lunch. People were offered a choice of food which matched the information on display within the communal area. We saw people were served a meal which was well presented and hot. Following this people were able to make a choice from two different sweets. Further drinks were provided at the end of the meal. We spoke with care staff and the cook about people who required special food due to a medical condition. We found the responses were consistent which showed that staff were aware of people’s dietary needs.

People who lived at the home were happy with the arrangements for seeing a doctor. One person told us, “The doctor comes in every week so if I need to see him I could then.” Another person told us, “We see a doctor regularly. If I need a doctor I only have to mention it”. A medical professional told us they found staff to be, “Friendly” and “Knowledgeable” regarding people’s health care needs. We saw information which showed a person recently discharged from hospital needed to be reviewed by a doctor after a period of time. Staff had followed this up to ensure the individual’s health and welfare was maintained. We saw other healthcare professional such as consultants

Is the service effective?

were involved with people's care appropriately. The manager was aware of the need to follow up on people's request to have a dentist visit the home as some people told us they had not seen one for some time.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring towards them. One person described the staff as, “Kind and considerate” and told us they, “Stop and chat with me which is very nice.” Another person described the staff as, “Very caring and treat me really good.” A further person told us, “The staff are excellent. They have become my friends”. Other people made similar comments about the care they received and the staff employed at the home such as, “Pleasant and caring” and “The care is very good”. A relative described the care and support provided to be, “Fantastic” and, “Brilliant”. The same relative told us staff had always, “Treated” their family member, “Very well”. Another relative told us, “Care is very good” and “Staff are kind and not patronising”. A further relative also told us they were happy with the care provided.

We spent time in the communal lounge / dining room. The atmosphere within the communal area was calm throughout the time we spent in there. We saw that staff were courteous to people who lived at the home. Some people had visitors come to see them who joined in with the general discussions taking place with people and staff members. Visitors told us they were made welcome at any time and felt they or other people in the family were included in the care provided.

We saw people were encouraged to remain independent as far as possible. Staff were supportive and offered guidance

to people to ensure they were safe. For example we saw staff support one person while they were walking and guide the person as they turned around and sat back into their arm chair.

Staff we spoke with told us that they got to know people and their care needs by firstly talking with them. People told us they were able to make choices about day to day life. For example whether they wanted to spend time in their own flat and when they went to bed. We saw that records maintained by staff highlighted the need to ensure that people were given choices such as to be offered a bath at the time of people’s own choice.

One person explained to us how they enjoyed having a shower and that having one made them feel, “Nice and fresh”. The same person told us that their shower was done, “With dignity and respecting my privacy”. Another person told us of their experience which was similar, “When I have a strip wash or a bath they (staff) make sure my privacy is maintained which is nice”. A further person told us, “The staff help me with my personal care which is given with dignity and they make sure my privacy is respected as well”. A further person told us that staff, “Respect my dignity.” We saw occasions when staff rang the doorbell on people’s front door and waited for the door to be answered. On other occasions we heard staff enter people’s flat and introduce themselves to people before they proceeded. One person who lived in the home told us staff always call out, “It’s only me” before they entered their flat. We saw care plan included an instruction to staff to ‘introduce themselves on entering’ a person’s flat.

Is the service responsive?

Our findings

People who lived at the home told us they were involved in care planning and were able to make choices about the care they received. People were confident staff provided suitable care and support in order to meet their needs and they were encouraged to remain as independent as possible. One person told us, “Staff talked to me about what care I need” the same person told us, “I feel listened to that makes me feel valued and not just a resident.”

One relative told us, “Staff constantly talk about my relatives care and how things are going”. Another relative told us that the manager had carried out an assessment of their family members care before they were admitted into the home. The same relative told us that they were pleased with the involvement they had. A member of staff told us they worked closely with people who lived at the home and their family to review care plans to ensure they were up to date.

We saw people received care and support when they needed it. We saw people who lived in home had a pendant which they were able to use if they required assistance from a member of staff. One person told us, “When I press my call button staff come more or less straight away to see what I need.” Another person told us, “I have a pendant around my neck and if I need staff to help me I press it and they come within a few minutes.” We heard people call for staff to support them. These calls were answered promptly.

People told us about activities and how they were able to maintain hobbies and interests. One person told us, “Staff arrange for activities to help me be active.” Another person told us, “There are a few activities that happen so I don’t get bored. We saw that some people sat in a communal lounge either watching television or reading a newspaper. There were a range of games and other activities available for people in the communal lounge and along a corridor. We saw that people were sat engaging with each other and enjoyed joining in with other people’s friends and relatives who were visiting people. As people had their own flats other people spend time in the privacy of their own space watching television such as Wimbledon. Planned activities were on display in the entrance hall.

People we spoke with were aware of who they could speak with if they had any worries or concerns about the care and support provided to them. One person told us “If I had concerns I speak to the manageress she would put it right.” Another person told us, “I’d complain to the manager if I had any reason to and I know she would listen to me”. A further person told us they would speak with the, “nice manager”. One person told us they had spoken with the manager about a concern they had. They told us their complaint was dealt with very well. A relative told us that if they had any concerns they would, “discuss them with the manager who is very good at her job”.

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager in post. The previous registered manager left their employment with the provider in September 2014. The new manager had been in post since November 2014. An application to become the registered manager was recently made and the manager was awaiting the Care Quality Commission (CQC) to assess their application.

The manager was able to promote a transparent vision of the plans for the service. The provider plans to deregister the care home and provide care for people at Dorothy Terry House as a Domiciliary Care Agency. People we spoke with were aware of the proposed changes to the service and how these could affect them in the future such as regarding the provision of meals. Staff we spoke with also aware of forthcoming changes such as the provision of meals. The manager was aware that people who lived at the home as well as their relatives and staff anxiety due to these planned changes.

People who lived at the home were aware of who the manager was. One person told us, "The manager comes and sees me two or three times a week which is kind of her." A relative told us they felt the manager to be, "Very good at her job" and, "Well supported by staff and the manager."

The manager and senior staff had a good knowledge of people's care needs. We found the manager and senior staff were consistent in their knowledge about people. For example knowing who needed to have a special diet due to medical conditions. The manager told us they spent time working alongside other staff. This was confirmed by staff we spoke with.

Staff told us they found management to be supportive. Staff told us that they received supervision and found this to be supportive. Staff told us they knew when they were doing a good job from feedback from the senior staff. One member of staff told us they enjoyed working at the home because it was like one big family. We were told staff meetings took place but staff felt these needed to be more frequent as a means of developing the service and during the time of change.

We saw the manager had systems in place to monitor the quality of the service provided. For example audits had taken place. We saw if any improvements were identified these were recorded so they could be reviewed as part of the monitoring system. The manager told us no recent surveys to seek the views of people who lived at the home as well as other stakeholders such as relatives and professionals had taken place. The manager told us they took opportunities to seek people's views on the service provided. For example the manager told us people had asked for hot meals in the evening. People who lived at the home confirmed their views were sought and told us meals had changed.