Heritage Care Limited

1 Devonshire Avenue

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

This inspection took place on 1 June 2016 and was unannounced.

Accommodation and nursing care for up to 20 people is provided in the home over two floors. The service is designed to meet the needs of people with a learning disability and physical disability. There were 19 people using the service at the time of our inspection.

At the previous inspection on 9 and 10 June 2015, we asked the provider to take action to make improvements to the area of safe care and treatment, specifically medicines management and good governance. At this inspection we found that improvements had been made in both of these areas.

A registered manager was in post and she was available during the inspection. 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.

Staff knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people. People were treated with dignity and respect. People's privacy was respected and staff encouraged people to be as independent as possible.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken. The registered manager was aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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 was safe.

Staff knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Safe medicines practices were followed.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People were treated with dignity and respect. People's privacy was respected and staff encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken.

The registered manager was aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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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 1 June 2016 and was unannounced. The inspection team consisted of an inspector, a specialist nursing advisor 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 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

People were not able to fully express their views by talking with us, so we observed the way the staff were caring for them and interacting with them during the inspection. We also spoke with five visitors, two domestic staff, the cook, two care staff, a nurse, the deputy manager and the registered manager. We looked at the relevant parts of the care records of four people, three staff files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

During our previous inspection on 9 and 10 June 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always safely managed. There was not a sufficient quantity of a type of 'as and when' required medicine available in case it was needed. Some items for use when medicines were being administered were not clean. At this inspection we found that improvements had been made in these areas and the regulation had been complied with.

Visitors raised no concerns regarding medicines. We observed that medicines were administered safely.

Systems were in place for the timely ordering and supply of medicines and we did not find any gaps in the Medicines Administration Records (MAR) to indicate medicines had been missed due to a lack of availability. MARs had been completed consistently indicating people were receiving their medicines as prescribed. Each MAR chart had a cover sheet with a photograph of the person to aid identification, information about any allergies and details of how they preferred to take their medicines.

When medicines were prescribed to be given only as needed, comprehensive protocols were in place which provided additional information on the reasons they should be given and any special precautions. Some of the people who used the service had epilepsy and had been prescribed medicines to be given if they had a seizure which lasted for a prolonged period. There were clear protocols in place for the administration of the medicine for each person with details of when it should be administered and the dose required.

Medicines were stored securely and in line with requirements. The temperature of the areas where medicines were stored were monitored daily and were within acceptable limits.

Staff told us they had completed training in relation to medicines administration. When we reviewed the training records for staff we saw a range of training approaches had been used for medicines training and all staff administering medicines had had their competency checked on a six monthly basis. The registered manager told us they had formal medicines training every three years and this was scheduled for later in the year. Monthly medicines audits had been completed and when issues were identified we saw actions had been taken to address them.

Visitors told us that they thought their family member was safe living at the home. One visitor said, "Yes, [my family member] is very safe living here." Another visitor said, "We are very happy and confident [our family member] is left in good hands."

Staff were aware of the signs and symptoms of abuse and told us they would report any concerns to the deputy manager or the registered manager. Staff were also aware of the procedure for reporting to the local authority safeguarding team.

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on

safeguarding was available to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. Care records contained detailed risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for each person's level of risk including nutrition, pressure ulcers, falls and moving and handling. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly.

We saw that the premises were well maintained, safe and secure. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We saw documentation relating to accidents and incidents was in place and the action taken as a result, including the review of risk assessments and care plans, in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

Staff said they had sufficient equipment to meet people's needs and we observed staff using moving and handling equipment safely. Most people had specially adapted wheelchairs which provided them with the support they required. There were pressure relieving mattresses in place for people at high risk of developing pressure ulcers and they were functioning correctly.

Visitors told us that there were generally enough staff employed by the service. One visitor said, "There seems to be enough staff when we visit." Another visitor said, "The staff levels seem ok at the moment ... they have struggled in the past though."

Staff we spoke with told us they thought they had enough staff to keep people safe and meet people's needs. We observed that people received care promptly.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. The deputy manager and registered manager told us they would also support people as needed.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Clear staff disciplinary procedures were being followed where appropriate.

Good

Is the service effective?

Our findings

Visitors told us that staff were sufficiently skilled and experienced to effectively support their family members. A visitor said, "We are very happy with the carers at the moment." Another visitor said, "Staff are good at the moment." Another visitor said, "Yes staff are well trained ... we have had issues in the past but they are ok now." We observed that staff competently supported people.

Staff felt supported. They told us they had received an induction. A member of staff told us they had an induction during which they were able to initially shadow another member of staff, after which they worked under supervision until they and the registered manager were confident they were able to work independently. They told us they had been able to, "Go at their own pace."

Staff told us they had regular supervision and the supervision matrix showed that all staff had received recent supervision. We saw some completed supervision and appraisal documentation which showed a wide range of issues discussed by staff. Training records showed that staff attended a wide range of training including equal opportunities and diversity. Systems were in place to ensure that staff remained up to date with their training.

Visitors raised no concerns regarding consent issues. We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. However, some of the best interests documentation lacked detail as to the options considered and why this was the least restrictive option for the person in instances where the decision placed some restrictions on the person. This meant that there was a greater risk that people's rights would not be fully protected.

DoLS applications had been made for a number of people who used the service. We checked the records of a person who had a DoLS authorisation in place and saw they were receiving care in line with the conditions of that authorisation. Staff knowledge of the MCA was good.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.

A visitor told us their relative did not always eat well and staff did everything they could to encourage them to eat. They said their relative tended to eat well at breakfast but didn't eat much later in the day so staff ensured they had a number of different things for breakfast and always offered them alternatives later in the day. We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal in the main dining room. The meal was brought to the room in a heated trolley and served individually for people. There was one main meal although we were told alternatives were available for people if they did not want to eat the main choice. We saw a person who ate a vegetarian diet was provided with a separate meal. The dining table was not set for lunch as people were not able to sit at the dining table to eat. People were assisted to eat their meals by staff who sat down next to them. The food appeared appetising and freshly prepared and people appeared to be enjoying their meal. Staff explained what was on the plate and talked with people encouragingly as they assisted them in an unhurried manner. However, they did not check whether people wanted any seasoning. Drinks were offered at intervals during the meal.

Nutritional risk assessments and care plans were in place and gave a good level of detail about the person's individual needs and preferences. People's records showed they were weighed at least monthly and when there were concerns about the person's weight they were weighed more frequently. Speech and language therapists and dieticians had been involved when there were concerns about a person's eating and drinking and care plans were updated to take account of their advice. We saw that when there were particular concerns about one person, a multi-disciplinary meeting had been convened to discuss all the potential influencing factors and there was a detailed eating and drinking plan for the person. Although the person had not gained weight as a result, their weight was being maintained with no further weight loss.

Visitors told us that their family members had access to a GP and were supported to visit the dentist. They also told us that a community dentist visits the home to see people who were unable to go the surgery.

We saw there had been prompt referrals to other professionals when these were required. Documentation within people's care records provided evidence of the input of speech and language therapists, physiotherapists, dieticians, continence advisors, epilepsy specialist nurse, opticians and dentists. When these professionals had provided recommendations or advice this had been implemented. We also saw evidence of regular reviews of people's health conditions by hospital specialists such as a neurologist. One person had an appointment with the dentist on the day of the inspection and staff accompanied them to the appointment. Each person's care record contained a 'traffic light assessment' document providing information on the person's care and support needs for hospital staff in the event of an admission to hospital.

Good

Is the service caring?

Our findings

A visitor said, "Some [staff] seem more caring than others but I think that is a personality thing ... I have no concerns." Another visitor said, "[Staff] take time to talk to [my family member] and treat her as an individual. They have got to know her and what she wants if she is distressed or cries." Another visitor said about staff, "I can't fault them." They said staff were always friendly towards them and their relative and said they were always familiar with their relative's needs and preferences.

Staff were kind and caring in their interactions with people who used the service. When people made an attempt to attract a staff member's attention or made a sound, staff were quick to respond and communicate with them, including them when they were supporting another person in a recreational activity. Their contribution was valued and their dignity respected. We saw people were happy and relaxed with staff and enjoyed their company. Staff had a good knowledge of people and their needs.

Most visitors told us that they had been involved in their family member's care planning. A visitor told us staff had discussed their relative's care plan with them and they always kept them informed about any changes or developments.

Throughout our observations we saw people being offered choices, whether this was in relation to the type of coffee they preferred that day or where they wished to sit and what they wanted to do with their time. Although people had limited or no verbal communication, staff ensured they were offered a full range of choices and they spent time narrowing down the range of options until they arrived at the option the person preferred. Where people could not communicate their views verbally, their care plan identified how staff should identify their preferences and staff were able to explain this to us.

Care records contained information which showed that people's relatives had been involved in their care planning. Care plans were person-centred and contained information regarding people's life history and their preferences. An easy read guide for people who used the service was in place and contained information for people on what they should expect from the service. Advocacy information was also available for people if they required support or advice from an independent person.

We saw that a person who used the service was on their own in the lounge and a staff member said, "She likes some peace and quiet after lunch so we use other rooms and let her have some time on her own to watch a dvd or take a nap." A visitor said, "They definitely respect [my family member's] privacy ... she spends time in her room and we see her there when we visit sometimes, which is nice."

We saw staff took people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. We saw that staff treated information confidentially and care records were stored securely. The

language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. Staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

Visitors were confident that their family members were encouraged to be as independent as possible. One visitor said, "[My family member] likes to spend time on her own in her room, which is fine." We saw that a staff member assisted a person to walk, and said, "It gives him independence."

Visitors told us they visited regularly, at any time, without appointment. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. We saw that staff responded promptly to people.

During the inspection we observed people being engaged in activities they enjoyed throughout the day. Three people went out to a day centre and we were told they did so regularly. We saw people engaged in craft activities, listening to their favourite music, and visiting the other areas of the service.

A visitor we talked with said they felt their relative had plenty to do during the day and said they had sometimes arrived when they had been going out for the day or were engaged in an activity. They talked about crafts and cooking. They said their relative also enjoyed looking at magazines. The staff had obtained tram passes for people to enable them to travel on the tram which was close by. There was a minibus which was being replaced the following day with a larger one to allow more people to travel at the same time to attend outside activities.

Each person's daily record of care contained some information about their participation in activities but this was not reflective of the full range of activities they engaged in.

Each person had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure ulcer prevention. Care plans to manage people's health care needs such as epilepsy, and enteral nutrition were also in place. All care plans provided clear information on the interventions required and the signs which might indicate a referral to other professionals was required. Most care plans had been reviewed and evaluated at least monthly and when less frequent review was required this was indicated on the front of the care plan. We saw that when people's needs had changed, care plans had been reviewed more frequently.

People's preferences were clearly documented in their care plans and in supporting documentation which provided detailed information about people's wishes and things they didn't like or which made them anxious. Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs.

Visitors told us they felt confident and would know how to complain, if the need arose. Staff were able to explain how they would respond to complaints. A staff member told us there was an easy read information sheet on how to make a complaint which was available for people to support their understanding of the process. They also told us they had received feedback on a complaint which identified the lessons to learn from it.

Complaints had been handled appropriately. Guidance on how to make a complaint was in the guide for people who used the service and displayed throughout the home. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

During our previous inspection on 9 and 10 June 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were in place to monitor the quality of the service; however, these had not always been effective. At this inspection we found that improvements had been made in these areas and the regulation had been complied with.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in a range of areas including medication, infection control, care records, catering and housekeeping. Actions took place in response to any identified issues.

Visitors told us they received surveys asking their opinion of the service and a visitor told us they had attended a relatives' meeting which had been attended by a lot of different professionals including one of the GPs. This had given them the opportunity to ask any questions they had. We saw that an informal meeting had been held to provide visitors with the opportunity to provide feedback on the quality of the care provided by the service. The service sent out a regular newsletter to people and their visitors to keep them updated on activities taking place in the home and to request feedback on the service. We also saw that surveys were completed by visitors regarding the quality of the service. Responses were positive. Ways of obtaining feedback from people who used the service were less developed and the registered manager and deputy manager told us that they would be considering how they could make it easier for people who used the service to provide feedback.

A visitor told us that when their relative's room had been re-decorated they had input into the colour of the room and they had worked with staff to ensure it was personalised for the person.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception. Staff acted in line with those values.

A visitor said, "There is a nice atmosphere when we visit." Another visitor said, "We are delighted with their efforts ... they pull out all the stops." Staff were positive about their work and told us they worked well as a team. A staff member said, "It's a lovely environment to work in, very friendly."

Visitors were happy with the management of the service and a visitor said, "They [management] are very helpful and approachable." Another visitor said, "They are very good ... they always listen to me."

Staff told us they felt the leadership of the home was good. They told us the registered manager or the deputy manager were always available during the week and they were able to telephone them if there were any issues when they weren't in the home. Staff felt comfortable discussing any issues with them and told us when they had raised a concern with the management; it had been acted on promptly and addressed. A

staff member said, "You can go to management at any time." We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. She told us that sufficient resources were available to her to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met and most statutory notifications had been sent to the CQC when required. However, notifications were not being sent to the CQC when DoLS had been authorised. The current CQC rating was clearly displayed in the home and was added to the provider's website during our inspection.