Heatherwood Nursing Home Ltd

Heatherwood Nursing Home

Inspection report

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CR8 3EH
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Date of inspection visit: 24 June 2015
Date of publication: 17/08/2015

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

We inspected Heatherwood Nursing Home on 24 June 2015. The inspection was unannounced.

Heatherwood Nursing Home is registered to provide accommodation and personal care for up to 22 adults who may also require nursing care. On the day of our inspection there were 20 people living in the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.'

At the time of our inspection, the home was in the process of refurbishment which had been ongoing for several months. We were concerned about the lack of security, as we were able to enter the home, wander around and speak to people for fifteen minutes before we found a member of staff. Since our inspection, the refurbishment of the entrance area has been completed and access to the home can only be gained via a staff controlled secure door entry system.

Summary of findings

Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns. There were procedures and risk assessments in place that staff implemented to reduce the risk of harm to people.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received their medicines safely and were adequately protected against the risk and spread of infection.

People were cared for by staff who were recruited through a thorough recruitment process. Appropriate checks were carried out on applicants before they began to work with people. The majority of staff were experienced care workers who had the skills, knowledge and experience to care for people safely.

There was a sufficient number of staff on duty to care for people safely and effectively. Staff understood their roles and responsibilities and were supported by the management through relevant training, supervision and performance reviews.

People were satisfied with the care they received and told us they were treated with respect and kindness. Staff ensured people received a nutritious, balanced diet and people who required it were supported to eat their meals. People were happy with the quality of their meals and said they were given enough to eat and drink.

People felt involved in their care planning and in control of the care they received. There were a variety of activities for people to participate in within the home but some people felt that more could be done to support people to participate in activities outside the home.

People's healthcare needs were met by suitably qualified staff. Regular checks were carried out to maintain people's health and well-being. People also had access to healthcare professionals and staff liaised well with external healthcare providers. People were supported to plan their end of life care.

There were systems in place to assess and monitor the quality of care people received. People felt able to express their views and told us the management and staff were responsive to their complaints and comments.

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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.

Good

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and managed according to their care plan.

There were sufficient numbers of staff to keep people safe. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?
The service was effective.

Good

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were given a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?
The service was caring.

Good

Staff were kind and caring. We observed that people were treated with dignity and respect and this was confirmed by people we spoke with.

People felt able to express their views.

Some staff had been trained in end of life care and people were supported to plan their end of life care.

Is the service responsive?
The service was responsive.

Good

People were involved in their care planning and felt in control of the care and support they received. The care people received met their needs. There were a variety of activities people were able to participate in inside the home.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Is the service well-led?
The service was well-led.

Good

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

Summary of findings

People living in the home, their relatives and staff felt able to approach the management and provider about their concerns.

There were systems in place to monitor and assess the quality of care people received.

Heatherwood Nursing Home

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.

We inspected Heatherwood Nursing Home on 24 June 2015. The inspection was carried out by a single inspector and was unannounced. We previously inspected Heatherwood Nursing Home in August 2013 and found that it was meeting all the regulations we inspected.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications, the previous inspection report and the 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.

During the inspection we looked at five people's care files and four staff files. We spoke with four people living in the home, three of their friends and relatives and six members of staff including the deputy manager and registered manager. We spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at the service's policies and procedures, and records relating to the maintenance of the home and equipment.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I feel very safe living here", "I am treated well and have no concerns" and "I'm very safe. If I wasn't I'd tell my relatives." Relatives were also confident that people were safe. One relative told us, "I pop in at the oddest of times and I've never seen anything that I thought wasn't right." Another relative told us, "[The person] would say if they were being mistreated and [the person] hasn't mentioned anything."

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home.

People had personalised risk assessments which identified a variety of risks and gave staff detailed information on how to manage the risks. Staff shared information regarding risks to individuals during shift handovers and as they occurred. Accident and incident records were kept so that the deputy and registered manager were able to monitor the type and frequency of accidents.

There was a sufficient number of staff to care for them safely. People told us, "I'm always dressed and have breakfast on time" and "There is usually someone around when I need them". Staff also felt there was enough staff to care for people safely. One staff member commented, "There are enough of us and we work as a team." Another staff member commented, "I think there are enough staff and if someone rings in sick, they sometimes use agency staff if there isn't anyone to cover."

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff handling medicines were registered nurses. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. Each person had a medicine profile which gave staff information about their medicines, when and how it should be taken and in what dosage. As well as their personal details, each person's photograph was on the front of their medicine profile. This helped to minimise the risk of people being given the wrong medicine.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene. People's rooms and the communal areas of the home were clean and tidy, and free from unpleasant odours. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was in the process of refurbishment which had been ongoing for several months. We were concerned about the lack of security, as we were able to enter the home, wander around and speak to people for fifteen minutes before we found a member of staff. Since our inspection, the refurbishment of the entrance area has been completed and access to the home can only be gained via a staff controlled secure door entry system.

The home was of a suitable layout and design for the people living there. The home was well decorated. People's rooms and communal areas were well furnished. The home and garden were well maintained. The utilities and equipment in the home were regularly tested and serviced. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

Good

Is the service effective?

Our findings

People received care that met their needs and they were cared for by staff who knew how to carry out their role effectively. People told us, "Most of the staff have been here a long time and know what to do ", "They know what I need", and "they are very competent". A relative commented, "I think the staff are well trained."

People received care and support from staff who were adequately supported by the provider through regular training, supervision and appraisal. When first employed, staff received an induction during which they were introduced to the home's policies, they received basic training in the areas such as moving and handling and infection control, and they were made aware of emergency procedures.

Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding, moving and handling and infection control. Staff were able to tell us how they applied their learning in their role day-to-day. Staff attended supervision meetings where they discussed how the running of the home could be improved to benefit the people living there. Individual staff performance was reviewed during an annual appraisal. The provider supported and encouraged staff to obtain further qualifications relevant to their role. One staff member told us, "They are encouraging me to study for a higher level qualification."

The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home. Staff told us that informal assessments were conducted during daily interaction. The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

People who were at risk of poor nutrition and dehydration were identified when they first moved into the home and this was recorded in their care plans. We were in the dining room at lunchtime and observed that people who required assistance to eat and drink were supported to do so. Staff enabled people to eat and drink as independently as possible and at a pace that suited the person they were supporting.

A full-time cook was employed by the provider who had worked in catering for many years. They knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. People's meals were freshly prepared daily. They had a choice of nutritious food and were given sufficient amounts to eat and drink. People told us the quality of food was good. People commented, "The food is delicious, I really enjoy it", "I look forward to mealtimes" "I get plenty to eat and drink" and "They make sure we eat well".

People were supported to maintain good health because a variety of checks were regularly carried out and recorded. Everybody living at the home was registered with a local GP surgery which had a good working relationship with the home. People were appropriately referred to specialists and had access to a range of external healthcare professionals.

Good

Is the service caring?

Our findings

People living in the home made positive comments about the staff. Comments people made included, “They are really kind”, “The staff are lovely”, “The staff are all very good to me” and “The staff are incredibly hard working and understanding.” Relatives said of the staff, “They are really kind and amazingly patient” and “They are lovely, very kind”.

Many of the staff had worked at the home for several years. They had a positive attitude to their work and enjoyed working at the home. One staff member told us, “I like working for the people there.” We observed that staff and people were at ease with each other. Staff spoke to people in a kind and caring manner, and people were treated with respect. People told us staff respected their wishes and privacy. One person told us, “I like to stay in my room sometimes and they will respect that.”

People were involved in their needs assessments. One person told us, “We discussed the help I need and how I like things to be done and if I want to change anything I can speak to any member of staff.” A relative told us, “I am very involved in [the person’s] care and they keep me updated.” People’s care plans considered a variety of needs including their dietary, health and social needs.

People told us their privacy and dignity was respected at all times. People’s bedrooms were personalised and contained items such as family photographs and items which reflected their

interests. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people’s rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were supported with their personal care. The deputy manager observed staff interaction with people and assessed their competency in how they maintained people’s dignity and treated them with respect.

Staff had good knowledge of people’s care plans and knew the people they were caring for well. They were able to tell us about their life histories, important relationships and health conditions. Staff knew people’s routines, dislikes and preferences. This was evident from their interaction with people living in the home which was relaxed, friendly and contributed to people feeling they mattered. We saw that staff knew how people preferred their tea and where they liked to drink it. One person told us, “The staff have made an effort to get to know me and that’s important to me. They are very good” People’s religious and spiritual needs were taken into account. The home had links with a local place of worship and clergy regularly attended the home to conduct a religious service.

People were supported to make advance decisions to refuse treatment or appoint someone with lasting powers of attorney, if they wish to do so. The home was a participant in the Gold Standards Framework, an approach to planning and preparing for end-of-life care, and had an effective approach to end of life care. This meant that people were consulted and their wishes for their end of life care was recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. There was an ongoing process of staff training in end of life care.

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. People commented, “I’m very happy here”, “I enjoy living here” and “I have no complaints”. A relative commented, “[The person] is settled and content there.”

People’s needs and level of dependence were assessed and reviewed. Care plans considered people’s day-to-day needs. There was continuity of care. There was a consistent staff team who. were familiar with the needs of people they cared for. Staff worked sufficiently flexibly so that where there was a change in a person’s circumstances, they were able to meet their needs without delay. Where specialist treatment was required, referrals were made without delay. For example, we saw that a referral was made to a tissue viability nurse as soon as there were concerns about a person’s skin condition.

Care was delivered in accordance with people’s care plans. Staff gave people the level of support they required for specific tasks. People told us they received personalised care that met their needs and we saw many instances of this. For example, where people had medical conditions which required a special diet plan, they received the diet set out in their plan. People had the equipment they needed to maintain their independence such as, walking aids.

People’s social needs were taken into account. An activities co-ordinator organised group activities for people living in the home, some of which were for suitable for people living with dementia. These included activities involving reminiscence, which are known to benefit people living with dementia. Occasionally people were taken out on a group day trip. People told us about a recent trip to Hampton Court Palace which they said they enjoyed. People and their relatives told us they were satisfied with the type and amount of activities on available. One person told us they would like to go out more often.

People were supported to maintain relationships with their friends and relatives. People’s visitors told us they were always made to feel welcome at the home. One relative told us, “I can come over whenever I feel like it or phone at any time. If I’m here at lunchtime they always offer me lunch.”

People and their relatives felt able to express their views about the care provided. The service routinely sought people’s views on how they wanted their care to be delivered. These included holding residents’ meetings and the cook getting feedback on the food provided and how this could be improved. We observed that people expressed their views to staff informally during routine conversations. People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be dealt with appropriately. People who had made a complaint told us A relative told us, “I have raised minor issues and they’ve been sorted out right away.”

Good

Is the service well-led?

Our findings

People told us and we observed that the management were approachable. Throughout our visit, members of the management team were interacting with people. There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff told us the home was a pleasant working environment and that they enjoyed working there. Staff felt supported by the management and provider. A staff member said of the provider, "….. very supportive if I have any work related or personal problems." Staff worked well as a team to deliver consistent care. A staff member told us, "We all get on well and help each other out."

Staff discussed people's health and general well- being at handover. There was a system in place to record, monitor and review accidents and incidents. Where appropriate, accidents and incidents were discussed at staff handovers so that staff were immediately aware of what had happened and were given guidance on how to minimise the risk of similar events occurring. Management met with staff to share learning and best practice so staff understood what was expected of them. Staff felt able to make comments about the day-to-day procedures involved in the running of the service.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their daily checks, the deputy manager and registered manager observed staff interaction with people and checked the standard of cleanliness in the home. They also regularly checked how medicines were stored and administered, and staff training needs. We saw confirmation that where issues were found, these were raised with staff and monitored.

There were systems in place to ensure that the standard of maintenance of the home and equipment used was monitored and appropriate action taken when repairs or servicing was required.

The provider and management worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. One of these initiatives was accreditation using the Gold Standards Framework for end of life care.

The provider told us in their provider information return about their development plans for the home. They were constantly looking for new ways to develop staff and enhance the facilities of the home. We saw that plans were actioned. Plans to increase the training offered to staff and to test their competency were being implemented. Extensive work had been undertaken and was ongoing to refurbish and redecorate the home.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their financial and medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.