Heathfield House Nursing Homes Limited

Heathfield House Nursing Home

Inspection report

Heathfield
Bletchington
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12 July 2018

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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

We undertook an unannounced inspection of Heathfield House Nursing Home on 12 July 2018. People in nursing homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide nursing care for up 40 to older people, many of whom have dementia. On the day of our inspection 32 people were living at the home.

At our last inspection in June 2017 we found people did not always receive their medicine as prescribed. Records relating the administration of medicines were not always accurate and some records relating to measures to reduce identified risks were not accurate or up to date. Risk management plans were not always in place. At this inspection we found significant improvements had been made.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

There was a registered manager in post. 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.

People were safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well, respected them as individuals and treated them with dignity whilst emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of

communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure the care met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns

Heathfield House 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.

This inspection took place on 12 July 2018 and was unannounced. The inspection was carried out 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 we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 12 people, four relatives, a visitor, three care staff, a nurse, the chef, the activities co-ordinator, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We also contacted the local authority commissioner of services for their views.

Good

Is the service safe?

Our findings

At our last inspection in June 2017 we found people did not always receive their medicine as prescribed. Records relating the administration of medicines were not always accurate and some records relating to measures to reduce identified risks were not accurate or up to date. Risk management plans were not always in place. At this inspection we found significant improvements had been made.

People received their medicine as prescribed. Medicines were managed safely and records relating to the administration of medicines were accurate and complete. Medicines were stored securely. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicine stocks were well managed and incorporated regular checks to ensure stocks balanced against records and that sufficient medicines were being held. Protocols were in place to manage medicines prescribed 'as required' (PRN) and included relevant guidance relating to the safe administration of these medicines. One person said, "They always make sure that I get my pills properly".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "Yes I have been trained and my manager or deputy manager regularly checks my competence and practice".

Risks to people were identified in their care plans. People were able to move freely around the home and there were systems in place to manage risks relating to people's individual needs. Staff followed guidance to keep people safe. For example, one person was at risk of developing a pressure ulcer. Pressure relieving equipment was in place and staff monitored this person's skin to manage the risk. Staff applied prescribed creams daily to help maintain a good skin condition and they used body maps to guide the cream application. The person was also supported to regularly reposition. At the time of our visit, this person did not have a pressure ulcer.

People told us they felt safe. One person said, "Oh yes, I feel completely safe here". Another person said, "I am safe. They (staff) are all very kind". One relative commented, "I think that she is safe, the care is good".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "Any concerns and I would report to the manager, call safeguarding and CQC (Care Quality Commission)" and "First I'd tell the nurse, then the manager. I can also call the local authority or CQC". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person said, "There are enough of them (staff). I have no problem at all". Staff told us there were sufficient staff to support people. Their comments included; "Oh yes, we have enough

staff", "At the moment we have enough staff" and "Yes there's enough staff here. We've never had a problem managing".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following an analysis of falls, a new policy was implemented and people who fell were referred to the Care Home Support Service (CHSS) who support homes with specific expertise relating to falls, weight loss and skin integrity. As a result, records confirmed the incidence of falls had reduced.

People were protected from risks associated with infection control. One person told us, "They (staff) always change the bedclothes and clean my room". Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "I think infection control is well managed. We have lots of gloves and aprons, we never run out" and "I've been trained and I'm provided with everything I need to safely do my job". On the day of our visit, the home was clean, tidy and free from malodours.

Good

Is the service effective?

Our findings

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff training covered all aspects of care and included; safeguarding vulnerable adults, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member was taking a leadership course to further their career.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "We get good training that is regularly updated". Another said, "I am very well supported, I can't complain. Supervision is helpful and the training is good too. I am a moving and handling trainer now, so yes, I've had further training".

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 were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This Act protects people's choices and their right to make their own decisions. If they struggle with this we have to work in their best interests".

Care plans contained consent documents signed and dated by people and their relatives. Throughout our inspection we saw staff routinely involved people in decisions and sought their consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan.

People had enough to eat and drink. Care plans contained information about people's dietary preferences

and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising. People spoke about the food. Their comments included; "Yes, every day they bring me a menu and I do get a choice", "I love breakfast. I 've had porridge today and toast and marmalade and tea. I usually have this but sometimes I ask for a cooked breakfast, they are nice too" and "I'm happy here, I had Rice Krispies and toast for breakfast".

We spoke with the chef who said, "We operate a rolling menu, always two choices at mealtimes but if residents want something different we do it for them. I am regularly updated with people's dietary needs and preferences".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One visiting healthcare professional said, "They (staff) engage with us and are quick to ask for help. They follow our guidance well, in fact it is a very caring home. I have no concerns with this care home".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors in the home featured period pictures and photographs and had contrasting handrails for people's safety. Signage was clear supporting people to navigate around the home.

Good

Is the service caring?

Our findings

The service provided a caring service to people who benefitted from caring relationships with the staff. People told us about the relationships they enjoyed with staff. Their comments included; "They (staff) look after me and are all very kind to me", "The carers are all marvellous", "Everybody is kind, the men as well, I don't need anything else" and "I like the carers. One lad is very good he'll go and get anything I want for me".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "Oh I like it here. It's a good atmosphere and I like working with the residents, we get on really well" and "I love it, the residents are great and the work is so rewarding".

During our inspection we observed many caring interactions between people and staff. For example, one person was being supported to walk to the dining room. The staff member was attentive and patient and laughed and chatted with the person who responded with smiles and witty comments. It was clear a personal relationship had been made between the two.

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. Staff comments included; "I check residents are able to do things and I encourage them to do so if they can" and "If they are capable I support them to do it themselves. I only step in if they are struggling or want help". Care plans supported this practice.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

We asked staff how they promoted people's dignity. Staff comments included; "With personal care I make sure curtains are shut, doors are closed and I cover them up. I always offer choices and respect their wishes" and "I use their preferred names and I don't expose them when giving personal care".

People received emotional support. Care plans highlighted emotional support needs and staff told us how they provided this support. For example, one care plan highlighted how a person could become 'confused or anxious'. Staff were guided 'sit with the [person] for a while' and to 'reassure and support them'. One staff member said, "We try to build people up if they are feeling down. The best way is to just speak to people".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. People's care plans and healthcare information was stored securely. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

The service was responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, 'about me' documents held in care plans showed on person liked knitting. Another person 'enjoyed TV and animals'. These documents were provided in an easy read picture format that helped people to access this information. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, care plans contained information as to how people wished to be support. One person's care plan noted staff were to 'ask [person] their preference of a wash, shower or bath'. We observed on staff member explaining what care they wanted to provide and they asked the person their preferences. The person responded and the staff member respected their preference. We spoke with staff about treating people as individuals. Staff comments included; "We do treat people as individuals. It is always their choices" and "All aspects of care are different for each individual".

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Some documents were presented in easy read, picture format to enable people to understand them. Where required, documents could be provided in large print or in a foreign language. One staff member spoke about helping people to access information. They said, "I explain the care plans to residents to give them the information they need. I am always cleaning their glasses for them or changing batteries in their hearing aids. It's part of the job".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and their care was reviewed. As a result, we saw their medicine was changed to reflect their current condition.

People were offered a range of activities they could engage in. Activities included; arts and crafts, music, visiting entertainers, a hairdresser and games. Regular religious services were also available to people in the home. A large, well maintained garden area containing furniture was available for people to enjoy and the service held events such as Garden parties in the garden. Access to the garden was unrestricted via safe, wheelchair friendly pathways. During our inspection we observed a well-attended musical event where people enjoyed singing.

One person spoke with us about the activity co-ordinators dog who accompanied them at the home. They said, "The home's dog is brought up to see me sometimes, that is lovely and we enjoy that".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that all people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "Many of the staff here are not English so diversity is really not a problem".

The service had systems in place to record, investigate and resolve complaints. Seven complaints had been recorded in 2018 and were dealt with compassionately, in line with the provider's policy. Numerous compliments were also recorded and we saw a large collection of letters and cards thanking the service and staff for care provided to people.

Care plans contained a section where people could record their advanced wishes. Documents allowed people to stipulate whether they wished to be resuscitated or hospitalized in the event of an 'urgent situation'. One person had recorded they wanted to be 'comfortable and at peace' at the end of their life. Their care plan contained pain management details and family contact information that supported this wish. One person said, "When I go, I know they know I don't want to be resuscitated".

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager. One person said, "She is lovely and always ask me how I am". Another person said, "The Manager always pops by and says hello".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "I am supported by the manager. This is a well-run service, actually, it's very well run", [Registered manager] is very friendly and always helpful. The regional manager is also supportive" and "She [registered manager] is fine, supportive and she listens and takes action. This is an old home that is very well run". A visiting healthcare professional said, "I've been coming here for five years. This home has improved a lot and that's because there is good leadership and communication".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced. One staff member said, "It's open here, there is no culture of blame".

The registered manager monitored the quality of service. For example, audits were conducted by the registered manager and the area manager. Action plans arising from audits were used to improve the service. We saw one audit identified some staff required refresher training and records confirmed this training was taking place. Another audit identified the need to display the daily menu in other areas of the home. We saw the menu was now displayed in additional locations around the home. Medicines were also monitored and as a result medicine errors had reduced.

The registered manager looked for continuous improvement. Resident meetings and staff meetings were used to improve the service. For example, people had raised the issue that their visitor's cars could become stuck on the grassy parking areas in wet weather. The registered manager had taken action and a 'mesh' had been installed on this area alleviating the problem. Another issue raised was about the poor telephone signal on the upper floors of the home. A new system was put in place.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager was also a member of the Oxfordshire Care Home Providers Association. The registered manager said, "This allows us to share best practice and keep up to date with care issues".

There was a whistle blowing policy in place that was available to staff across the service. The policy

contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.