

Heath Cottage Care Home Ltd

Heath Cottage

Inspection report

119 Station Road
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Manchester
Greater Manchester
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12 December 2016

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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

Heath Cottage is a large detached property and provides care for up to 28 people. There were 22 living at the home at the time of our inspection

There was a registered manager at the service. The registered manager had been in post since May 2016. 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.

The unannounced inspection took place on 12 December 2016. At the last comprehensive inspection which was carried out 04 September 2015 the service was rated as requires improvement. We found there was one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to safe care and treatment. We found the provider had not protected people against the risk associated with the safe management of medication.

We carried out a focused inspection 12 January 2016 to check that the breach of relation to medicines had been met. At this inspection we found that medicines were still not being safely managed. The Care Quality Commission (CQC) issued a warning notice with conditions to be met by 25 March 2016.

At the inspection on 12 December 2016 we found that medicines were now being managed safely and the warning notice had been met. Medicines were stored appropriately. Controlled drugs (CD) were stored and handled appropriately. Procedures were in place for the safe disposal of medicines. Medicines were administered in accordance with the prescriber's instructions. Records were completed accurately. Medicines management was audited on a regular basis and appropriate action taken when issues were identified. Staff had received training in the administration of medicines.

People told us they felt safe and secure at the home. The service's recruitment procedures were robust and helped ensure people employed at the service were suitable to work with vulnerable people.

Staff were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) applications were made appropriately. Consent was sought for all interventions and there was no use of restraint at the home.

Risk assessments and detailed care plans were in place. This helped staff to deliver the care and support people needed.

People were offered appropriate food and fluids to maintain their nutrition and hydration. Those who required prompting or support to eat were assisted by patient and attentive staff which ensured that people's nutritional needs were met.

A wide range of activities were available which people's family and friends were invited to. People were encouraged to pursue their own hobbies and interest.

There were sufficient staff on duty to meet people's needs. If people were upset or unwell and more staff were required, this was provided straight away to support people.

Complaints and concerns were dealt with appropriately and people were aware of how to make a complaint or raise a concern.

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.

People told us they felt safe and secure at the home. The recruitment procedures were robust and staffing levels were sufficient to address the needs of the people who used the service.

Individual and general risk assessments were in place and these were reviewed and updated as required. We saw evidence of health and safety checks and regular maintenance of equipment.

Medicines were stored appropriately. Controlled drugs (CD) were stored and handled appropriately. Up to date medication policies were in place.

Is the service effective?

Good ●

The service was effective.

Staff demonstrated a good understanding of people who used the service. Induction was thorough and training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) applications were made appropriately.

People's nutritional and hydration needs were assessed. Referrals to other agencies were made appropriately.

Is the service caring?

Good ●

The service was caring.

People told us they were cared for with kindness and we observed good interactions between staff and people who used the service throughout the day.

The staff showed they had a good understanding of the care and support that people required.

Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

The service was well led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us the manager gave them help, support and encouragement.

Good ●

Heath Cottage

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 checked 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 December 2016 and was unannounced. The inspection team comprised of two adult social care inspectors and a specialist professional advisor (SPA) who was a pharmacist.

Before the inspection we reviewed the previous inspection reports and information we had received from the service.

During the inspection we spoke with three people who used the service, three members of staff, the registered manager, the regional manager and the cook. We did this to gain their views on the service provided. We looked around the home; looked at how staff cared for and supported people, looked at three people's care records, 22 medication records, three staff recruitment files, staff training and records about the management of the home.

As part of this inspection we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

On the day of the inspection there were sufficient numbers of staff available to meet people's needs. One person told us, "I feel very safe here". Another said, "We are look after very well, all the staff are kind and caring."

We looked at three staff personnel files and saw a safe system was in place. The recruitment procedure was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms and references. Checks had been carried out with the Disclosure and Barring Service (DBS) or from the Criminal Records Bureau (CRB). The DBS/CRB identifies people who are barred from working with vulnerable people and informs the provider of any criminal convictions noted against the applicant.

We looked around the home and saw that the bedrooms, dining areas, lounges, bathrooms and toilets were clean and fresh.

We saw infection prevention and control procedures were in place. Staff had recently undertaken training in infection control. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Hand-gels were available and liquid soap and paper towels were available in communal bathrooms and toilets. This helped prevent the spread of infection.

Each care file included an emergency evacuation plan outlining the level of assistance the individual would require in the event of any emergency.

Individual risk assessments were kept within the care files. These related to areas such as falls, pressure care, tissue viability, nutrition and hydration and mobility. All those we looked at had been reviewed and updated on a monthly basis and were complete and up to date. Accident report forms were kept within people's care files. The accidents and incidents were also collated and analysed collectively to look for trends or patterns to be addressed.

Medicines were stored appropriately. Controlled drugs (CD) were stored and handled appropriately. Up to date medication policies were in place. Ordering of medicines was carried out using dedicated documentation. Procedures were in place for the safe disposal of medicines. Medicines were administered in accordance with the prescriber's instructions. Medicines were stored appropriately within a dedicated trolley and fridge in a locked room within the home. The keys to the room were kept securely. Fridge temperatures were monitored. Regular stock checks were being carried out and recorded for all medicines that were not supplied within Monitored Dosage Systems (MDS) from the pharmacy. External emollients were kept in people's own rooms. Records were completed accurately. Medicines management was audited on a regular basis and appropriate action taken when issues were identified. Staff had received training in the administration of medicines.

Staff we spoke with had undertaken training in safeguarding and were confident they would recognise and

report any issues immediately.

We saw evidence of a number of health and safety checks, such as water temperature checks, fire alarm, emergency lighting and fire extinguisher checks. Records for these were complete and up to date.

Audits were carried out regularly for areas such as equipment, food and drink charts, nutrition, mental capacity, care plans, infection control and kitchen.

Is the service effective?

Our findings

People spoken with told us the staff had the right skills and experience to meet their needs. One person told us, "I have no problems; the girls look after me very well". Another said, "It's very nice here".

A member of staff told us, "I have up and down days but I love my job". Another said, "It's a good atmosphere and much better now [registered manager] is here".

The registered manager told us that prior to people moving into the home they completed a comprehensive assessment to ensure staff could meet the individual needs of people and that all the necessary equipment required was in place.

We saw that on commencing work at the home all newly employed staff completed an induction programme. It contained information to help staff understand what was expected of them and their roles and responsibilities. We also that a training matrix was in place to ensure that staff received the essential training to equip them to safely care and support people who use the service. Staff members we spoke confirmed training was on-going and mandatory training was regularly updated. Training included fire safety, moving and handling, infection control, Mental Capacity and Deprivation of Liberty training, health and safety and safeguarding. Dementia training and end of life training was in place for January and February 2017.

We saw in the staff files that staff were receiving regular supervision meetings with the registered manager. These meeting provide staff with the opportunity to discuss any concerns they may have and any further development and training they may wish to undertake.

People's nutritional and hydration requirements had been recorded within their care files and their risk of malnutrition or dehydration assessed. Appropriate referrals to other agencies, such as dieticians, had been made in a timely manner if required.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We spoke with the cook, who had a good understanding of people's likes and dislikes. The cook was aware of any special diets required for example pureed or soft diets. At the time of the inspection there was no one requiring a pureed diet. We saw there were sufficient supplies of fresh and dried food in the kitchen.

As part of this inspection we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. The lunch time meal was observed. We saw that people were given a choice of where they wished to eat their meal. There were choices of the meals offered and desserts were available. People were offered assistance by staff if they needed with their meal. Following their lunch people told us, "I enjoyed it very much" and "It was very nice".

We discussed with the registered manager that the dining experience could be enhanced by the use of table condiments and serviettes. We also noted that hot drinks were brought in to the dining room and served from thermos flasks. It was discussed some people may wish to have a tea or coffee pot on the table to help themselves. The registered manager agreed to look at this as an option taking into account the safety aspects.

The kitchen was clean and well organised. Prior to the registered manager commencing work at Heath Cottage the home had a 2 star food rating awarded by the food standards agency. Recommendations had been left for improvements to be made. The recommendations had now been completed and the home was waiting another visit from the food standards agency.

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 so that they can 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that capacity was assessed for each decision required and appropriate documentation was kept in the care files. DoLS applications had been made appropriately and documentation was in place. Staff we spoke with had undertaken training in MCA and DoLS and they demonstrated an understanding of the principles and application of MCA and DoLS.

We saw, within the care files we looked at, that consent or agreement documents had been signed, where possible, by the person who used the service. These related to the care and treatment provided, consent for photographs to be taken and preferences and choices. Some of the documents had been signed by someone else; however there was no explanation of why this was. The registered manager agreed to address this.

We asked the registered manager how the home cared for and supported people living with dementia. The registered manager told us that half of the people living at the home had dementia. The registered manager said that staff had undertaken some dementia training and further training was booked for January 2017.

The design of the home was not ideal for people living with dementia; however, staff had made the best use of space. There was space for people to move safely and freely around the home. We saw that the downstairs area of the home had tactile objects for people to look and touch /pictures were appropriate and aided with reminiscence. There was signage downstairs to help with orientation.

The first floor, where people's bedrooms were would benefit from clear signage and aid recognition for example name plaques or memory boxes. This was discussed with the registered manager who agreed and that this was work in progress.

Is the service caring?

Our findings

We saw people looked well groomed, well cared for and wore clean and appropriate clothing. Ladies had their hair done and gentlemen were clean shaven. We noticed that attention had been given to nail care.

Discussions with staff showed they had a good understanding of the needs of the people they were caring for. Staff told us they helped and supported people to maintain their independence. We found the atmosphere within the home was friendly and relaxed. There was a respectful rapport with staff and people who used the service and conversations were friendly and warm and staff provided care with kindness and compassion.

We saw that the staff respected and attended to people's needs discreetly, ensuring dignity and privacy was respected. Staff knocked on people's doors and waited to be invited in. Doors were closed when personal care was being given. Staff we spoke with understood the need for dignity and privacy and were able to explain how this was respected.

We saw records within the care files of discussions held with families, helping ensure people close to the person at the home were kept fully involved and informed with regard to the individual's care.

We asked the registered manager to tell us how staff cared for people who were well ill and at the end of their lives. They told us that staff had undertaken the Six Steps end of life training. This is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life can remain at the home to be cared for in familiar surroundings by people they know and could trust. Refresher training was booked for February 2017.

We saw that there was information called 'thinking ahead, - my future care' included in the care files about people's preferences when they were nearing the end of their lives. We saw for one individual who was nearing the end of their life, they had an individual plan of care. This was thorough and included family information and the person's wishes. We were told that the home had two end of life champions and the registered manager who cascaded information about end of life care with other members of staff.

Is the service responsive?

Our findings

We saw that staff responded swiftly and efficiently to people's needs. Comments made included, "I am looked after very well" and "They get the doctor out for me if I am not well".

We looked at the care records for three people who used the service. The care records contained enough information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

We looked to see what activities were provided for people. There was a plan of daily activities displayed, these included puzzles and games, dominoes, Tea dances and sing-a-longs. At the time of the inspection the home was planning for the Christmas festivities which included a pantomime by the staff, an entertainer had been booked and Christmas raffles.

There was an appropriate complaints policy in place and this was displayed prominently around the premises. We saw that there had been two minor concerns in November 2016. These had been dealt with in an appropriate manner and action taken within an hour of the concern being raised.

We saw that the service had received a number of compliment cards from relatives thanking the registered manager and staff for the care and support provided by the care staff at the home.

Other compliments included one from the district nursing team complimenting the staff on the environment of the home and how fresh and bright it was. A paramedic praised the staff on their helpfulness and professionalism. The dietician complimented the cook and staff on their hard work re fortification of foods and that due to their work no people were currently on food and fluid charts and all had been discharge from the dieticians.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since May 2016. The registered manager confirmed that they were supported by the provider who was in regular contact with the service. The provider was at the home during the inspection.

Staff spoken with spoke positively about working at the home and that they were supported by the management team. One member of staff told us, "If I had a problem I would go to the manager"

The staff turnover was low with some staff having worked at the home for a number of years. This helped to provide continuity of care for people living at the home.

We were told that formal team meetings and residents meetings were held. Minutes of the meetings were available. The registered manager operated an 'open door' policy at the home so that people could approach them at any time.

We asked the registered manager to tell us how they monitored and reviewed the quality of the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home. We were provided with evidence of some of the checks that had been undertaken, for example medication records, care plans, infection control and environmental checks. We saw that where improvements were needed, action was identified and timescales for completion recorded. All audits we looked at were complete and up to date.

We saw audits were completed by head office. These covered a range of topics including: pressure care, staff training, care plans and risk assessments, accidents and incidents, communication and staff handovers. Any action required from the audits had been completed or a timescale for completion was documented.

Monthly audits had been carried out by the organisation that owned the home, the registered manager and by the pharmacy who provided the medicines to the home. Issues that had been identified had been actioned

We saw maintenance checks for the service including fire equipment, gas and electrical, lift and hosts and small portable appliances (PAT) had been undertaken and certificates were valid and in date.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.