Heanton Limited

Heanton Nursing Home

Inspection report

Heanton
Barnstaple
Devon
EX31 4DJ

Tel: 01271813744

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14 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement

Summary of findings

Overall summary

We completed this focussed inspection as a result of some information of concern we had received anonymously via our website. The information indicated people's needs may not be met safely or in a timely way. We had also received some information from Heathwatch, with no timeline so some of this may have been historical, however it also indicated people's needs may not be being met. Healthwatch England is the consumer champion for health and care. Each local Healthwatch exists to ensure the voices of people who use services are listened to and responded to. Care Quality Commission (CQC) has a duty in law to take account of the views and experiences of local Healthwatch. We work with the Healthwatch network to ensure that the views and experiences of local people inform the development, design and monitoring of CQC's approach to regulating health and care services. This report only covers our findings in relation to the areas of concern identified in the information of concern we received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heanton Nursing Home on our website at www.cqc.org.uk.

This inspection took place on 14 November and was unannounced. Prior to this inspection, we completed a comprehensive inspection in April 2016 where the services was rated as overall good, with requires improvement in safe. This was because we identified improvements were needed to ensure the environment was safe and met people's needs. We did not issue any requirement notices at this inspection. We had assurances from the provider that the areas we identified as needing improvement had been addressed or were being addressed. We also completed a focussed inspection in July 2016 as a result of receiving some information of concern about one person's needs not being met and them being in a room which was too hot and described as being in a poor state of repair. The concern also detailed the one person appeared dehydrated and did not have access to drinks. We did not find evidence to show this was the case when we inspected in July. We found the room was suitable for the person and they had a call bell and access to drinks when needed.

Heanton is a registered to accommodate up to 52 people and provides personal care and support as well as nursing care. Most people using this service were living with dementia. At the time of this inspection there were 48 people living at the service.

The Provider has developed and implemented a care model based on the household model of care pioneered in the USA by LaVrene Norton, Action Pact and Steve Shields. This had resulted in the environment being divided into smaller houses to support small group living. Groups were determined based on the stage of the dementia of the person living at the home. There were four 'houses' (distinct areas within the building) which provided care for people at early stages of dementia, and people living with dementia who were experiencing an altered reality. The third area was for people who were living with dementia who were in a repetitive stage and the fourth house was designated for people who were living with advanced dementia. The provider had implemented this model with the support of specially recruited dementia practitioners. This implementation was still work in progress with staff still learning about the model of care and the environment still being adapted to suit each of the four houses.

There was a manager in place who was in the process of applying to us to become the registered manager. She had previously been approved as the registered manager at this service, but made the decision to de-register at the start of this year. This was because she had at the time wanted to take a more hands on role within the home. She now said she is ready to take on the challenge of registered manager again, so is re-applying to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At this inspection we found not all areas of the home were fresh smelling. One of the upstairs lounges was malodorous and the provider agreed this may have been due to the carpet, which needed replacing. We found bedrooms were warm and comfortable, although two bedrooms had been converted from bathrooms to bedrooms and still had toilets in situ, but these were not screened off. The provider said in the feedback, they would address this swiftly. Some light bulbs were not working in the upstairs communal areas which meant lighting was patchy and not suitable for people living with dementia and sight impairment. We received information from the provider following the inspection to show that toilets have been removed from the bedrooms and they would be replacing the carpet in the New Year.

People's needs were not always responded to in a timely or appropriate way. We heard one person calling out for a cup of tea and staff did not respond to this request. One person sat at the lunch table for a long period of time (15 minutes) without any meal being offered to them. A member of staff was sitting next to them assisting another person and did not notice or respond to this first person. We also saw examples of staff not anticipating people's needs or behaviours and therefore not being proactive in their approach. Staff were not always present in communal areas to assist people and check people were safe. The manager and provider agreed the layout of Chichester house was such that currently people could be unobserved, although the household model requires the house leader or other member to be present in communal areas at all times. The provider said they are working on expanding the communal space in this house, but as an interim measure they would look at increasing the staffing to ensure people were safe.

Some staff were more responsive in their approach. We observed some good practice where staff were aware of people's changing moods and anticipated their needs. In another dining area for example a staff member encouraged one person to sit with them and eat their meal. They provided on-going encouragement and support to ensure the person ate a small amount of their lunch.

Newer staff described a variable approach to their induction process, some describing a two day comprehensive induction with shifts shadowing a more experienced member of staff. Others described a shorter induction and none were aware of being asked to complete the Care Certificate, which is a national induction process following all key areas of care work. Similarly staff described variable accounts of whether they had on-going support and supervision to discuss their role and plan for their on-going learning. When we fed this back, the provider said they acknowledged they needed to improve their induction process and had a working party set up and had contacted another organisation who had achieved an outstanding rating to learn from their practice which was already embedded.

We will meet with the provider in the New Year to discuss the findings and their action plan. We will then carry out a comprehensive inspection in the near future to look all the five key questions.

We found the service was in breach of one regulation. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Improvements were needed to ensure the environment was safe for people.

Improvements were needed to ensure staff deployment kept people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always have the right skills, support and supervision to ensure they could meet people's needs effectively.

People's rights were protected.

People were supported to have a balanced diet to help maintain good health.

Heanton 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 undertook an unannounced focused inspection of Heanton on 14 November 2016. This inspection was done to look at concerns that had been raised about the service. The team inspected the service against two of the five questions we ask about services: is the service safe? And is the service effective? This was because the concerns raised related to these two key questions. We have not awarded a new rating for this service but will do this in the near future when we carry out a new comprehensive inspection.

Prior to the inspection we looked at information we have received in respect of this service. This included notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at recent safeguarding information.

This inspection took place on 14 November and was unannounced. It was completed by two inspectors. We spent time observing care and support, reviewed six electronic care files, spoke with 12 staff, two relatives and four people who were able to give us their views of how well they felt their care needs were being met.

We used the 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 comment directly on their experience.

We asked social and healthcare professionals who visit the service for feedback and received responses from four. This included a GP, healthcare assessors and commissioners.

Requires Improvement

Is the service safe?

Our findings

When we inspected this service in April 2016, we judged this key question to be requiring improvement. This centred on some areas of improvement needed in making sure the environment was safe. It included ensuring people were kept safe from the risk of scalding from hot water outlets, ensuring work was completed to protect people from the risk of fire and minimising the risk of Legionella. We have been assured that most of this work had been completed. There were still two compartmental fire doors to be fitted. The delay for these was because they were extra wide and therefore needed to be purpose built. Alongside this work the provider had identified they needed to improve the personal emergency evacuation plans for each person. This work had been completed, although they did not make clear on each plan where exactly to evacuate people to, either to next protected zone or to designated outside space. The manager assured us this could be simply and quickly added to each plan, which were electronic and paper copies. Work had been completed to ensure the laundry room area was fully washable. Previously there had been tiles missing.

During this inspection we found other areas of the home required improvement to make the service safe and suitable for people. This included poorly lit communal areas. We saw several bulbs were not working in the upstairs communal areas. This resulted in patchy lighting which was not suitable for people living with dementia and sight impairment. We also found one lounge area smelt malodourous, due we were told, to a carpet needing to be replaced. When we asked for feedback from healthcare professionals prior to this inspection, two said they were aware of one area of the home smelling strongly. There were two bedrooms which had been recently converted from bathrooms to bedrooms. They still had toilets in them which were not screened and therefore not appropriate for people's needs. We identified one bedroom floor which was uneven and appeared to be due to floorboards needing to be replaced. This posed a potential risk to people who may trip and fall.

The service was also working with an occupational therapist to ensure they had the right seating for people. This was work in progress and a plan to replace existing chairs had not yet been agreed. Some seating for individuals had been identified as needing to be replaced

This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection we received information to show some of the required environmental improvements have been completed. For example, the toilets in people's rooms have now been removed. The service had reviewed the incident forms for the person who resided in the room with an uneven floor, and had not found this to be a cause of any accidents. They also said that for time they were in the room a pressure mat was placed over this part of flooring which eliminated the unevenness.

We had received some concerns about the room temperatures in people's bedrooms. We checked most bedrooms during this inspection and found them to be warm. The manager said they were aware there were certain rooms which seemed to have cold spots and they had provided additional heating in these rooms

and were monitoring them with glow-eggs. These are room thermometers which glow red for warm and blue if the room gets too cold, so they provide a quick visual reference for staff. We saw notices had been placed on corridor doors asking staff to ensure bedroom windows were shut after a short time of airing people's rooms and to be aware that colder weather was being forecast in the near future. We have asked for some further information about how bedrooms are monitored for their temperature and what risk assessments are in place to ensure people who are being nursed in bed remain warm and comfortable throughout the day and night.

There were sufficient staff available for the number and needs of people living at the service. However the deployment of staff in one house sometimes left people who may be vulnerable at possible risk. For example we observed one person pushing a chair around a small dining area. They bumped the chair into several other people and this went unnoticed as there was no staff presence in this area. We also saw a person drinking from a jug of juice as the dining area was unattended. This was a potential cross infection risk and could have been a serious safety risk if they had poured it onto electrical equipment nearby. When we fed this back to the manager and provider, they agreed the layout of Chichester was such that currently people could be unobserved, although the household model requires the house leader or other member to be present in communal areas at all times. The provider said they were working on expanding the communal space in this house, but as an interim measure they would look at increasing the staffing to ensure people were safe.

Requires Improvement

Is the service effective?

Our findings

People's needs were not always being met by staff with the right skills and knowledge. Since the last inspection the service had taken on a large number of new staff, some of whom were new to care. Newer staff described a variable approach to their induction process, some describing a two day comprehensive induction with shifts shadowing a more experienced member of staff. Others described a shorter induction and none were aware of being asked to complete the Care Certificate, which is a national induction process following all key areas of care work. Similarly staff described variable accounts of whether they had ongoing support and supervision to discuss their role and plan for their ongoing learning. When we fed this back, the provider said they acknowledged they needed to improve their induction process and had a working party set up and had contacted another organisation who had achieved an outstanding rating to learn from their practice which was already embedded.

Induction, completing the care certificate and ongoing support and supervision are all ways of ensuring staff have the right skills to meet people's needs effectively. Some of our observations showed staff were not always effective in the way they worked with people to meet their needs. For example we observed one person sitting in the dining room without any food in front of them. A member of staff was sitting next to them assisting another person and did not get this person any lunch or ask another member of staff to get them some lunch.

We were informed that key staff were being trained to introduce the ethos and values of the household model to ensure all staff understood the concept of helping people to live well with their dementia at whatever stage they were at. Alongside this, core training in meeting people's basic needs was being implemented but much of this was eLearning and without the direct support and supervision, it was not clear how well this training had been embedded.

We asked the manager to send us information about supervision sessions for staff. They have since detailed that ''before (their) leave all staff had been allocated a supervisor and staff where aware that supervisions needed to be carried out. Unfortunately there have been staff that have left/handed in their notice so the supervision allocation needs to be readdressed. We have 67 staff on the books at present. 13 of which have not had a recorded supervision within the last 6 months so these are our priority at present. We have now nominated an individual who will be checking monthly and ensuring that staff are reminded that their supervisions are due. ''
The manager had also sent details of staff who have completed the Care Certificate and stated "We presently have one person who can do this and another recruit due to start in the next few weeks who can also take this on. We have set up an area within the home as a base for all the paper work with a computer so that staff can use it if they need a quiet space. We now are up to date with who needs to complete the care certificate and an individual is nominated to start staff off on the process."

We recommend the service follows best practice in ensuring staff have the right support, training and induction.

Deprivation of liberty safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. At the comprehensive inspection in April 2016 staff were not clear who may be subject to such safeguards and the care plans in respect of this did not make it clear whether an application had been applied for and/or authorised. Staff could describe why such safeguards might be in place and what sorts of things may mean people were being deprived of their liberty, but this was not explicit in people's plans. We saw this had been improved and electronic plans clearly showed where people lacked capacity and whether an application had been lodged or agreed to deprive them of their liberty in their best interests.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. These were not always evident within the electronic records when we checked in April 2016. This had improved following that inspection, with electronic records showing where people may need or have had a best interest meeting because they lacked capacity to make their own decisions.

People benefitted from having a flexible meal plan which took into consideration likes, dislikes and special dietary requirements. The chef explained that although the main meal of the day was served at lunchtime, if people had got up later or did not want to eat then, they kept hot meals back for them. They also ensured there were drinks and snacks available throughout the day and night. They said ''Some people can be nocturnal and like to snack at night; we always make sure there are plenty of sandwiches available for people as well as fruit, crisps, biscuits. For one lady we know she won't eat in the dining room and has a stash of food in her room. We make sure that stash is kept replenished.''

There was a choice of two or three main meals including a vegetarian option. Where people were at risk from malnutrition, their food and fluid was closely monitored as was their weight. Some people had been referred to the GP for advice about low weight or poor appetite. Some people had been prescribed supplementary drinks. The chef also ensured meals had been fortified with addition calories where needed; using cream, butter and added powdered milk if needed.

People's healthcare needs were being met. One GP said they worked closely with the service to review people as their health deteriorated. They believed the service acted promptly to seek medical intervention when needed. The GP said they did not have any concerns about people's health or care needs.

Following our last comprehensive inspection in April 2016 we received a safeguarding concern about one person whose family did not believe their healthcare needs had been met quickly enough. The local safeguarding team checked this and having spoken to healthcare professionals found the person had capacity and had declined medical intervention themselves, but later agreed to a hospital admission.

Another healthcare professional said they had been working with the service to ensure people had the right support with their continence. They said nursing staff were helpful and receptive to their advice and support. Two further professionals described working with staff to improve their knowledge and skills and felt staff were keen to learn.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Not all parts of the home were suitable and/or well maintained to keep people safe.