Care Quality Commission

Heathfield (Horsham) Limited

Heathfield (Horsham) Limited

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We inspected Heathfield (Horsham) Limited on 13 May 2015. This was an unannounced inspection. The service was registered to provide accommodation and personal care for up to 36 older people, with a range of age related conditions, including arthritis, mobility issues and dementia. On the day of our inspection there were 33 people living in the home, who required varying levels of support.

People received care from staff who were appropriately trained and confident to meet their individual needs and they were supported to access health, social and medical care, as required. However, there was a lack of stimulation and meaningful, person-centred activities, which put people at risk of social isolation.

This represented a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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's needs were assessed and their care plans provided staff with clear guidance about how they

wanted their individual needs met. Care plans we looked at were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made

including written references, Disclosure and Barring Service (DBS) checks, and evidence of identity had also been obtained.

Medicines were stored and administered safely and handled by staff who had received appropriate training.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had recently made DoLS applications to the Local Authority, for 10 people and was awaiting decisions.

There was a formal complaints process. The provider recognised that, due to their dementia not all people could raise concerns or complaints and their feedback was sought through regular involvement with their keyworker.

People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The organisation's values were embedded within the service and staff practice. The manager told us they monitored awareness and understanding of the culture of the service by observation, discussion and working alongside staff. Staff said they were encouraged to question practice and changes had taken place as a result.

The manager assessed and monitored the quality of service through regular audits, including

health and safety and medication. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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

There was sufficient staff to meet people's identified care and support needs. People were protected by robust recruitment practices, which helped ensure their safety.

Effective systems were in place to manage potential risks to people's welfare and these were reviewed regularly. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

Medicines were stored and administered safely and accurate records were maintained.

Is the service effective?
The service was effective.

Good

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

The service had close links to a number of visiting professionals and people were able to access external health care services.

Is the service caring?
The service was caring.

Good

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?
The service was not always responsive.

Requires Improvement

The service had some arrangements in place to meet people's social and recreational needs. However, activities were not routinely provided to reflect people's personal interests and preferences.

Summary of findings

Staff had a good understanding of people's identified care and support needs.

People and, where appropriate, their relatives were involved in the planning and reviewing of their personalised care. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

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

Good

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

The management regularly checked and audited the quality of service provided to help drive improvement and ensure people were satisfied with the service and support they received.

Care Quality Commission

Heathfield (Horsham) Limited

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.

The inspection took place on 13 May 2015 and was unannounced. The inspection team consisted of 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. The expert by experience had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, two relatives, a visiting GP, the administrator, two care workers, the deputy manager and the registered manager. Throughout the day, we observed care practice, including the lunchtime routine, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected on 18 April 2013 when it was found to be non-compliant regarding the management of medicines. However, on the follow up inspection on 13 June 2013, the service had met the standard and no other concerns were identified.

Good

Is the service safe?

Our findings

There was sufficient staff on duty with the necessary awareness, knowledge and skills to keep people safe. People said they felt safe and staff treated them with kindness. People and relatives spoke positively about the service and considered it to be a safe environment. One person told us "People look after you well here, they are all friendly." One person said they felt safe and told us "You can leave the bedroom door open. If you have a problem you can always talk to the girls"." Another person told us ""I feel safe because when you press the button, they (staff) come and talk to you. If you slip, you have two girls come to see you." Another person, who was registered blind, told us "I never walk into things, because I know where everything is in my room. If I need help, the staff assist me around the home."

There was enough staff to meet people's care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed to ensure people's safety and welfare. This was supported by duty rotas that we were shown. During our inspection, we observed staff had time to support people in a calm unhurried manner.

We looked at the management of medicines, including the provider's policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people had annual medication reviews. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

People were protected from avoidable harm as the provider had comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training, they had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

We looked at the care plans, including risk assessments, for three people and saw that where specific risks had been identified; appropriate strategies had been put in place to help keep people safe. We saw that care plans contained personal and environmental risk assessments, which were regularly reviewed. Individual risk assessments included falls, nutrition, mobility and pressure areas. We saw that care plans were developed to minimise identified risks. An example of this was in a care plan for a person identified as having a high risk of developing pressure sores. The actions included the use of a pressure relieving mattress, which we saw in use.

The manager explained that assessments were carried out to identify and minimise a range of risks for the individual, whilst encouraging and promoting their independence. We noted that assessments and actions that needed to be taken to manage these risks were closely monitored and updated on a regular basis. Risks associated with the safety of the environment and equipment were identified and managed appropriately. We saw that regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. This ensured that people's care and support reflected relevant research and Department of Health guidance and that any risks to people's wellbeing were assessed and managed safely.

The provider operated a safe and robust recruitment procedure and we looked at three staff files, including recruitment records. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. All staff had completed an application form and provided proof of identity. Each staff

Good

Is the service safe?

file contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers ensure that people they select are suitable to work with vulnerable people who use care and support services.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us "It's marvellous here." Another person said "They treat you as part of their family." A visitor, whose relative had passed away in the home five years ago, said they continued visiting "to help with activities and chat to the residents." They told us "I just think it's wonderful here, the staff are so dedicated and I really enjoy spending time with the residents."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us "We were encouraged to spend time getting to know people, and that was so important." Another member of staff told us "They are all individuals, with their own personalities and their own needs. The training we get means we can meet those needs."

Staff confirmed they had received essential training, including moving and handling, safeguarding, hygiene and infection control, nutrition and care planning. They told us they also received training specific to people's individual condition and care needs, including pressure care, dementia awareness and end of life care. This was supported by training records we were shown. Staff also told us that communication within the home was effective, with comprehensive handovers between shifts and regular staff meetings. They said they felt listened to and valued and their views or any concerns were "taken on board." Staff confirmed they received supervision every six to eight weeks and an annual appraisal to monitor their progress and identify any training needs. They described the manager and deputy manager as being "approachable" and "very supportive."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager. They told us that where appropriate, applications for DoLS had been submitted. Although not all staff had received training on the MCA and DoLS, the majority of those members of staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

A varied rolling weekly menu plan was in place that reflected people's individual preferences. We observed lunchtime and saw there were 29 people in the dining room. Four people ate in their rooms, one through personal choice and three who were not feeling well enough to join the others. There was friendly and good natured interaction between people, and we saw staff ensuring people were sitting comfortably and providing discreet help and support where necessary.

On the day of our inspection, the menu for lunch was fish, mixed vegetables, mashed potatoes and parsley sauce or bacon roll, mixed vegetables, mashed potatoes and gravy. The meals looked well presented, and we heard one person comment that the meal was "very hot." We saw that most people were able to eat independently, although two people had plate guards and one required occasional assistance from the staff. We saw many examples of people being offered choices and heard one person being asked "Do you like this, it's bacon roll, it might be easier for you. If you don't like it, have something else."

We observed one person, who had not eaten very much at all, being gently encouraged to eat. The member of staff bent down to the person's eye level to speak with them and support them with feeding. We overheard the care worker say, "I think you have done really well, one more for the road (meaning one more mouthful of food) and I will get you a nice pudding."

Staff were aware of the importance of good hydration and during the inspection we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day. At 3:00pm we saw tea, coffee and cake or biscuits were offered to people and any visitors that were around. This provided another effective opportunity for social interaction and was clearly enjoyed by all.

Good

Is the service effective?

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, speech and language therapists, podiatrists and dentists and had attended regular appointments, as necessary regarding their health needs. Care plans we looked at demonstrated that whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone's condition deteriorate, they would immediately inform the manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. Individual care plans contained records of all such appointments as well as any visits healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the "caring environment" and the helpful and friendly attitude of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated them with compassion, kindness, dignity and respect. One person told us "The staff here are excellent, so kind and caring."

We observed positive and respectful interaction between people and members of staff, and saw people were happy and relaxed with staff and comfortable in their surroundings. Throughout the inspection we saw and heard staff speak with and respond to people in a calm, considerate and respectful manner.

People told us that staff were caring and respected their privacy and dignity. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. During the inspection, we observed staff speaking respectfully with people calling them by their preferred names, patiently waiting for and listening to the response and checking that the person had heard and understood what they were saying. We also saw staff knocking on people's doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity. We observed personal hygiene needs were supported. For example, people's fingernails were trimmed and clean, men (who chose to be) were clean shaven and people's hair was clean and groomed.

The manager told us people were treated as individuals and supported and enabled to be "as independent as they want to be." A member of staff told us that people were encouraged and supported to make decisions and choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as possible, in making decisions about their care, treatment and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

A visiting GP confirmed they had no concerns about the service, which they described as "One of the best in Horsham." They said the care plans were always well maintained and also spoke very positively about the manager and staff, who they told us were "Professional and caring and know the residents very well." They described the people as having "lower level care needs" but they were satisfied that those needs were being met.

Staff we spoke with were aware of the equality and diversity policy and demonstrated some understanding of equality and diversity issues. They said they had completed training related to this and we observed no evidence of any discriminatory practice during our inspection.

An example of how comfortable people felt at Heathfield (Horsham) was during lunchtime when we spoke with a group of people, one of whom described a bus trip from the town centre back to the care home. As they were describing the end of the return trip they said, "...and then I came home". The other people around the table said that they felt like that, "coming home" whenever they returned after being out.

Within individual care plans, we saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. However, we found there was a distinct lack of social stimulation and meaningful activities and this was an area of practice that requires improvement.

People we spoke with were largely unimpressed with the available activities. A member of staff said there was no activities coordinator and told us that care staff "do one-to-one entertainment with residents." We did not observe staff 'entertaining' people and saw very little evidence of activities provided. We were also told that activities were "booked throughout the year" but from our discussions with people, this represented only one or two activities each week. The service also included manicures and hairdressing among the activities provided.

We received some negative feedback about the external entertainers. One person told us "The entertainment is no good. You have to put up with it; I go upstairs to get away from him" (an entertainer who visits the service on a fortnightly basis). Another person said "There are not enough activities." We asked if they were going to participate in the afternoon's activities, movement to music. They told us "It is too slow for me. I used to do line dancing." After lunch, people sat in the lounge or went to their rooms until the activity (movement to music) started at 3.30pm. We saw a number of people start walking out into the garden at this time, presumably they did not wish to join in the activity. Throughout our inspection, we saw that nobody who remained in their room was involved in any activity, or having any social interaction with staff, other than when their meal or hot drink was brought round.

A notice board displayed information for people about the home including activities. It included an outing being arranged, visiting church, monthly chiropody, fortnightly hairdresser and 'the activity today'. In the lounge/ restaurant areas we saw a large keyboard and computer, large crossword, bingo, scrabble, books and CD's. From our discussions with people, these resources for activities were rarely used. This lack of stimulation was highlighted by a visitor commenting on an incident, where people in the lounge were getting annoyed at other people talking and rustling a newspaper. They told us "Residents wouldn't find minor issues so irritating if there was more to do here."

We discussed the lack of personalised and meaningful activities with the manager and deputy manager. They told us it "wasn't for lack of trying. Some people are just not interested." They said it was an ongoing challenge to motivate some people. They gave us an example of the attitude of certain people when they had tried to introduce a residents' meeting, to discuss issues, such as activities. They said that one person had made their feelings very clear when they replied "If we need one we'll tell you – and if we want something, you'll know."

The manager confirmed they had already identified the need for consistent and varied activities and entertainment, which reflected the needs and interests of people at the home. They told us they had appointed an activities coordinator in April but "unfortunately", for personal reasons, they had decided to leave, saying they were "unsuited" to the role. The post had subsequently been advertised again but, so far, without success.

Providing people with meaningful interaction and stimulating activities is an important part of improving their quality of life. Having companionship and someone to talk to assists with maintaining people's mental and physical wellbeing, and is an integral part of providing person centred care.

People did not consistently receive care and support that reflected their needs and preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area of practice that requires improvement.

People's care and support plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. They contained details of people's personal history, interests and information for staff regarding how they wanted their personal care and support provided. Staff we spoke with were very clear that people were at "the centre of everything we do." They emphasised the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and meet those needs. One member of staff told us "It's all about the residents. They're the reason I'm

Requires Improvement

Is the service responsive?

here, they're why I get up in the morning." Another member of staff said "I'm like the big mother hen! I like to think I'm an ear and a hand for these people. I listen to whatever they have to say and I help them with whatever they need."

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. One member of staff told us "The local Baptist church has a service here once a month and people go to other churches as well."

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary and felt confident that any issues or concerns would be listened to, acted upon and dealt with appropriately. We saw the complaints procedure was contained in the 'Service user guide'. Records indicated that comments, compliments and complaints were monitored and acted upon and complaints had been handled and responded to appropriately, with any changes and learning recorded. For example, following a concern raised by a relative, a person had had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager and deputy manager and how the service was run. They confirmed they were asked for their views about the service and said they felt "well informed." Staff had confidence in the way the service was managed and described the manager as "approachable" and "very supportive." We observed the manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

We discussed the culture and ethos of the service with the manager, who told us "First and foremost, we are all here for the residents. I've been here over 13 years and a lot of my staff have also been here a long while – and they wouldn't stay if they didn't like it." Reflecting what other members of staff had told us, the manager said "We are a good team here, we get on and support one another, but everything we do - and the reason why we're here - is for the residents." People know I'm here, I have an open door policy and anyone can discuss anything with me at any time."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy.

The manager notified the Care Quality Commission of any significant events, as they are legally required to do. They promoted a good relationship with stakeholders. For example, the manager took part in reviews and best interest meetings with the local authority and health care professionals.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following an accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.

Quality assurance systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and make improvements necessary. The manager told us they were responsible for undertaking regular audits throughout the service. Records showed such audits as health and safety, which incorporated fire safety, electrical checks and updating environmental risk assessments. Other audits included medication and care plan reviews. Where shortfalls had been identified, actions were put in place including agreed timescales, ensuring any necessary improvements could be monitored effectively. A 'residents' feedback questionnaire' is also used to gather the views of people. Responses to a recent survey were positive, with no concerns raised and comments received such as: "Staff are excellent and very experienced" and "Very homely."

In addition to the regular audits the provider had implemented a system of quality checking called 'committee member quality assurance visit' which should take place monthly. This system involved the committee member holding private discussions with residents and members of staff, inspecting the premises and looking at records, including any recent complaints received. They then produced a report on 'the conduct of the home', which the manager explained, is used to identify any shortfalls and drive improvement. We saw that the most recent visit was on 13 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not ensured that the care and treatment of service users must be appropriate, meet their needs and reflect their preferences. Regulation 9(1)(a)(b)(c).