

Halden Heights Limited

Halden Heights Care Community

Inspection report

Ashford Road
High Halden
Ashford
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Tel: 01233851136

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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

Halden Heights Care Community is registered to provide accommodation for up to 59 people who require nursing and personal care. At the time of our inspection there were 59 people using the service. Accommodation is located over three floors. The second floor provides rehabilitation care (where people require assessment and support to return to their own home following hospital admission). The rehabilitation treatment is provided by NHS employees whilst personal and nursing care is provided by Halden Heights Care Community staff.

This unannounced inspection took place on 17 November 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us that they felt safe living at the service. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medication as prescribed.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the service were employed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager was knowledgeable about when a request for a DoLS application would be required. Applications had been submitted appropriately to the relevant local

Staff respected and maintained people's privacy. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from.

There was a sufficient quantity of food and drinks and snacks made available to people.

People's care was provided by staff in a respectful, caring, kind and compassionate way. Staff supported people to take part in their chosen activities to prevent them from becoming socially isolated.

The service had a complaints procedure available for people and their relatives to use and staff were aware of the procedure. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the service and people were freely able to talk and raise any issues with the registered manager and staff team. People, staff and relatives were provided with several ways that they could comment on the quality of their care.

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 were cared for by a sufficient number of appropriately trained staff who were knowledgeable about procedures to keep people safe.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

People were safely supported with taking their prescribed medication. Medication was stored, recorded and managed by staff who had been assessed to be competent.

Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge of each person. Staff received ongoing training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured care was provided in ways which respected people's rights and people were helped to make decisions for themselves.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

There was a range of interests, hobbies and activities available to people who lived at the service.

People were able to raise any concerns or about the service and the provider had clear polices and processes in place to address any formal complaints raised with them.

Is the service well-led?

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Management systems were in place to ensure that staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which continually reviewed the quality and safety of people's care.

Good ●

Halden Heights Care Community

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 unannounced inspection took place on 17 November 2016 and was carried out by two inspectors, an inspection manager and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is elderly and may be living with dementia.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed 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 16 people living in the service, seven relatives, the registered manager, deputy manager, the activities' coordinator, five members of care staff and two senior care staff. We observed how people were being looked after. In addition, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff training records.

Is the service safe?

Our findings

All of the people we spoke with had no concerns about their personal safety. One person said, "The care is good and safe, because they look after us." Another person told us, "I feel very safe here and I have a call bell and they [staff] are pretty quick in coming to see me," One relative said, "My [family member] is happy living here and I feel they are in safe hands." Another relative said, "I feel that [family member] are very safe here. The staff look after them very well."

Staff had an understanding of the safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." Information displayed in the service gave the contact details of the local authority safeguarding team for people, relatives and staff to use if they needed to. This showed us that people were protected from potential harm. Staff were trained and able to demonstrate their knowledge about safeguarding people and how to keep people safe from harm. They were able to describe the different types of harm. They were also able to describe the signs and symptoms of when a person may be being harmed. One member of care staff said, "They [person] could become withdrawn. Have bruising. Loss of appetite." Another member of care staff said, "There could be a change in their mood." Members of staff we spoke with were aware of their roles and responsibilities in reporting such untoward incidents. They told us this could be to their manager or to external safeguarding agencies, which included the police and the local safeguarding authority.

People's risks were assessed and these were managed to reduce the level of risk where possible. Staff demonstrated their knowledge about people's risks. The registered nurse told us about the management of people's risks of developing pressure ulcers. They said, "We use the [name of assessment] tool. We carry out a skin inspection especially on admission to assess the risk of a person's skin breakdown. We have access equipment, such as pressure-relieving mattresses and cushions that can help reduce the risk of them [people] developing pressure sores. Where people need support we help them with repositioning and ensure there is a chart in place which would give staff instructions on how often this would be." We saw that charts were in place and had been completed appropriately. Staff told us that they would inform the registered nurses if they found people's skin with red areas. They were also able to tell us those people who were at high risk of developing a pressure sore and which people were being repositioned "every two hours."

There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

People were safely provided with the support they needed with their prescribed medication. People told us that, "Staff give me my tablets when I need them. They always ask if I need any pain relief." Another person said, "I have one white tablet in the morning and two in the evening and I always get them on time."

We saw that only staff who had received medication training administered medication at the service. We observed how staff administered people's medication in a careful and unhurried manner. They completed the medication administration record (MAR) chart after the medication had been administered and taken by each person. Each person's MAR contained details of any allergies identified. The records showed that medication had been administered as prescribed. We checked the stock levels of a sample of medication and found them to be correct.

Protocols were in place for medicine that was given as required (PRN). Monthly audits were carried out regarding the administration of medication and any errors were identified and followed up with nurses and care staff. We saw that annual staff competency checks regarding medication administration were carried out by the deputy manager. The deputy manager showed us a sample of the records of the annual competency checks. They told us that where any performance issues were identified during the competency checks additional training and supervision would be given until the staff member was deemed to be competent.

People told us, and we saw, that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified such as a change in a person's healthcare. One person said, "There are always staff available to help me with what I need." We observed throughout the inspection that staff were readily available to support people and answered their queries cheerfully and promptly. The registered manager told us they used a dependency tool to calculate staffing and that this was an ongoing process. We were told by the staff that any deficiencies in staff numbers were addressed to ensure that people's care needs were met safely. This included asking staff on other units to support people's care needs or getting in additional staff member to cover a shift.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included; completing an application form, a criminal records check and references. A review of the personnel records showed all checks were completed before staff commenced working in the service. Staff told us that they had shadowed more experienced staff so that they could confidently carry out care tasks. There was an induction programme in place which included mandatory training topics such as; fire safety, moving and handling, safeguarding and infection control. This showed us that the provider had only employed staff who were suitable to work with people living at the service.

Is the service effective?

Our findings

People, and relatives, we spoke with told us they felt the staff team had the relevant training experience and the skills to provide the care and support that each person needed. One person said, "The staff do a wonderful job. There is always a member of staff available to help me when I need it. When I am unable to do it for myself." Another person commented that, "The girls [staff] are so helpful when I can't do things for myself. They are always checking on me to see I have everything I need."

Staff told us they had regular supervision and ongoing support. One staff member said, "There is lots of training and we get regular updates throughout the year." The records showed the training and supervisions that staff had completed. It also showed when staff were due to update their training. We saw that training sessions had been arranged for staff to update their skills. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Staff we spoke with also confirmed they had received mental health awareness training to aid their understanding in meeting people's needs. This ensured that staff were kept up to date with any changes in current care practice.

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. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and had a good working knowledge of how these principles should be applied to ensure people's human and legal rights were respected.

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 authorisation 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. The registered manager had made three applications to the local authority when they believed people were being deprived of their liberty. The applications were based on the assessments of people's capacity to make an informed decision. These included, for instance, decisions where the person was to live and how they were to be looked after. One application had been approved by the authorising local authority and the other two were awaiting authorisation.

Care records demonstrated that people's mental capacity was assessed and best interest meetings were held with a GP and people's relatives. The manager was aware of the need to review these specific documents in line with a recent court judgement ruling.

People could choose to spend time in their bedrooms if they so wished. There were a number of communal areas and a well laid out garden with various seating available for people to use if they wished to entertain and meet their family and friends.

Lunch time was a sociable occasion with lots of interaction between the staff and people in the dining room. People told us they had the opportunity to have an alternative choice if they did not like the menu option. One person said, "The food is brilliant here and if you don't like something they (kitchen staff) will always make an effort to find you something you will enjoy." Another person said, "There is very nice food, there is a choice for breakfast and there are alternatives available."

People were assisted with eating their meal by staff where required and suitable equipment was available to aid this, such as plate guards and adapted cutlery. People's dietary needs had been assessed and we saw that some people required pureed meals to minimise their risk of choking. Relatives were welcomed to assist their family member with their meal or join their family member to enjoy a meal. We saw a number of relatives actively involved in support their family member to eat their meal.

People's dietary needs were monitored because nutritional assessments were completed and reviewed and monthly weight records, where appropriate, were recorded. The registered manager told us that if any concerns were identified, advice from the person's GP and a dietician were sought where necessary. This demonstrated to us that the staff monitored and understood what helped to maintain people's dietary needs.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "The GP attends promptly if you are unwell." Another person said, "I had my flu jab here." A relative we spoke with said, "[Family member] had a water infection recently and they contacted the doctor and got some antibiotics and then called me to tell me. I was very impressed at how quickly and efficiently they dealt with it." Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People we spoke with all told us they felt well cared for. The PIR stated, 'we believe through investing the time and care to develop and nurture personal and one to one relationships and bonds between all parties. relatives, residents and staff. This helps to construct a welcoming and caring environment'. One person said, "I feel that they [staff] know me and the things that I like and dislike." Another person said "They're [staff] wonderful, nothing's too much trouble." A third person said "They [staff] look after me very well they're absolutely wonderful". A fourth person said, "People [staff] are helpful, I can ask people [staff] for support when I need it." One relative said, "Whenever I visit there is a very happy and calm atmosphere here and we are always made to feel very welcome." This was also confirmed by what we found. One member of staff said "I really love my job and we work well together to support people with all their needs."

Throughout our inspection we saw positive interactions between the staff and the people using the service. Staff responded to people in a calm and reassuring manner. A relative said, "The staff are very understanding, respectful, ensure [family members] dignity is maintained. They have looked after them in a very kind and caring way and really know their needs well." Another relative we spoke with was very appreciative of the care and attention to detail and kindness that the staff had shown to their relative.

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. Two relatives told us that they were involved in discussions and reviews about their family member's care. They confirmed that staff were very good at keeping them updated on the relative's health and care and support needs.

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people's independence as much as possible. Staff engaged meaningfully with people. For example, they participated and helped with an activity in the dining room.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "The girls [staff] always knock on my bedroom door and wait for me to respond before entering." Relatives that we spoke with were very positive about the care their family member received. One relative said, "The staff are all very supportive, patient and caring." Another relative said, "The care is very good and they help [family member] with all their care needs."

Staff responded quickly to any requests for help from people. One person said, "I call the staff by pressing this button and they always come very quickly and help me." Another person told us, "I have no concerns and the staff treat me very well and make sure I have everything I need." We observed staff treating people with respect and being discreet in relation to their personal care needs. People were appropriately dressed and assisted and prompted with any personal care they needed in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed.

People and their relatives said they were able to visit the service without any restrictions. One person said, "My family can visit anytime and are always made to feel very welcome."

Information was available in the main reception as to how people could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us, and records we saw, showed that an initial assessment of their care and support needs had been completed prior to them coming to live at the service. This ensured as much as possible, that each person's needs were able to be met. People said that they felt they were treated as individuals. One person said, "The staff know me very well including the things that I like and dislike."

Care plans were person centred, written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide people with the care they needed. Examples included assistance with; mobility, personal care, day and night time routines, nutrition and skin/pressure care. One person said, "The staff are always asking me how I want things done. I feel very involved in my care." Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met. People could be confident that their care was provided and based upon the most up to date information.

People said the planned activities in the service were good and varied and that they were supported to take part in interests that were important to them throughout the day. Examples included board games, gardening, art and crafts, shopping trips and quizzes. One person said, "I take part in group activities when I can and the staff always ask me if I'd like to take part in something." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished.

We spoke with the member of staff responsible for organising the activities in the service. They produced a calendar of events so that people would know about forthcoming events. We saw these displayed around the service and also in people's room. People told us they had enjoyed the activities on offer. They told us they could always choose which ones they wanted to join in. One person said, "I enjoy the arts and crafts and the quizzes the best." Another person said, "I love being in the garden in the sunny weather. Somebody always likes to join you when you are out there. It's lovely." One person had put their coat and hat on and was enjoying a walk in the garden on the day of our visit.

People also had access to and used music playing facilities and the television in the communal areas. People and their relatives told us that there were lots of activities they could join in with which they found very positive. One person said that they enjoyed reading and had a lot of books in their room. Another person was keen to show us the knitting they had completed. One relative was pleased that the staff knew that their family member liked to listen to music and often put music on for them. The staff would often sing along with them.

We saw that there was time and attention given to individual activities. We saw a comprehensive range of individualised sessions' such as; reminiscence sessions, chatting about interests and past work, sitting in the garden, hand massaging and lots of chats with tea and biscuits. All staff were encouraged to be part of the

activities programme and spend time with people during the day.

There was a complaints policy available so that people could make a complaint. The policy included timescales and the response they should expect. For example confirmation of receipt of the complaint and what will happen next. People and relatives we spoke with told us that any concerns they had raised were dealt with to their satisfaction by the registered manager and staff at the service. One person told us, "The staff here listen. That makes me feel safe and helps me get what I need." Relatives we spoke with confirmed that if they had ever needed to raise an issue or a concern it was always promptly dealt with by the staff and the registered manager. A relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. The PIR stated 'open door policy for staff, residents and family members'. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the service and regularly spoke with them during the day. One person said, "The [registered] manager is always around and they always ask if everything is okay. I do feel that I can talk to them about anything because she is friendly and open." Another person said, "The staff and the [registered] manager all know me very well and I have no concerns."

The PIR stated, 'meetings are a particular important source of feedback and provide a powerful voice for everyone to express their views'. People, relatives and staff were provided with a variety of ways on commenting about the quality of the care provided. This included regular residents' meetings, one to one meetings, staff meetings for both day and night staff and annual surveys.

People were encouraged to have their say and they were able to discuss a range of issues such as; activities, day trips, meals and forthcoming events in the service. We saw that there were relatives' meetings held in the service and relatives we met confirmed they had attended some of them. Minutes and outcomes of these meetings were recorded to identify what worked well for people and examples included activities and meal choices. One relative said, "We looked at several homes and found this to be the best one." Another relative said, "I have recommended the home to several of my friends and there isn't a better home in the area."

Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to medicines administration, care planning, staff training, health and safety checks including water temperatures and fire safety checks. Daily schedules for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition. One relative said, "The home is always clean and tidy. My [family member's] bedroom is always kept clean." This demonstrated to us good infection control and hygiene standards. The registered manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were aware of their roles and responsibilities.

There was an open culture and staff told us they enjoyed their work in caring and supporting people who lived at the service. Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One staff member said, "We are a good team. If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

Staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the service. They said they found this to be very helpful and reassuring. Members of staff we spoke with were enthusiastic about their work and the range of support that they provided to

people. One member of staff told us, "I love my job and working here it's like a big family and everyone works very well together as a team."

All staff we spoke with told us that they felt very well supported by the registered manager, senior staff and their colleagues. Staff said they could raise any issues with the registered manager and senior staff at any time. They told us that they found the registered manager to be approachable and supportive and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the registered manager and provider.