

Heatherdene Limited

Heatherdene

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heatherdene is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 10 people.

People living at Heatherdene were supported with a range of mental health conditions, including schizophrenia and were supported to enable them to live independent lives. Heatherdene provides care and support in one adapted building. At the last inspection, changes were taking place to make the adjacent side of the building into a supported living service where some people were being supported to move into. At this inspection, this work had been completed and Heatherdene operated as a separate entity to the supported living service.

People's experience of using this service and what we found

People told us that they were happy living at Heatherdene. People were supported by staff who understood their physical, emotional and mental health needs. People were kept safe from harm.

The needs of people living with mental health conditions were well supported. People were cared for by staff who had the right skills and knowledge to meet their needs effectively. The provider carried out appropriate checks to ensure that suitable staff were employed. Risks to people had been assessed and actions put in place to mitigate those risks.

People's health was properly managed and supported. People were supported to access healthcare services and staff ensured that specialist health support was sought when needed. People lived as independent a life as possible and staff supported them to maintain this independence.

People were supported by kind and caring staff who understood their emotional and physical needs. People were treated with respect and staff supported them to lead as independent life as possible.

People received person centred care that was responsive to their needs. People were supported with occupation and engagement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by an open, transparent and approachable registered manager. There was a system of checks and audits in place to ensure that any issues were identified, and so improvements could be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (last report published 23 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heatherdene

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Heatherdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, team leader and two support workers. We reviewed a range of records. This included four people's care records and multiple medication records. We

looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives and contacted two professionals who have working relationships with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at the home. Although many people were independent and accessed the community freely, they told us they also felt safe with staff support. One person said, "They make me feel wanted and this gives me security."
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff had a clear understanding of the different types of abuse and how to recognise these in people with fluctuating mental health needs.
- Staff told us the benefits of having experienced staff and their ability to identify signs of abuse. One staff member said, "When you've been here long enough you get to know when they are low. These are the signals. Most of them are very communicative. If there is a problem they will normally confide in you."
- The registered manager had escalated incidents appropriately when safeguarding concerns had been highlighted. The registered manager had made appropriate referrals to the local authority when necessary.

Assessing risk, safety monitoring and management

- Risks to people were identified, and comprehensive assessments were in place. Each person had detailed risk assessments associated with their mental health needs. For example, one person was at risk of self-harm and their assessment provided staff with extensive guidance on pre-emptive observations to reduce risk, as well as actions to reduce further harm.
- People had risk assessments associated with other health conditions such as diabetes and weight management, as well as risks to social isolation, undertaking daily living tasks and accessing the community. These helped staff to minimise risks as well as ensuring the person remained as independent as possible.
- Environmental risks had been assessed including those associated with fire safety. Appropriate assessments had been carried out to ensure that staff could evacuate people safely in the event of fire or an emergency. People had personal evacuation plans in place that took into account their mental health needs and how staff needed to support them.

Staffing and recruitment

- There were enough staff to ensure people remained safe and that their needs were met. People and their relatives told us they felt well supported and could access staff support consistently. One person said, "Yes there's plenty of staff for me." One relative told us, "Each time I've been there everyone looks comfortable and there's always someone they can approach easily."
- Each person received one to one support as needed and the registered manager ensured that weekly staffing levels and deployment were enough for staff to support people in this way. One to one hours were diarised each week and were set at times according to people's preferences.

- Our observations confirmed that there were enough staff to meet people's needs and keep them safe. Staff were present and available throughout the inspection, and included when staff needed to support people in the community for appointments and recreational activities.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

- People required support from staff to take their medicines safely. People's independence was promoted, and some were involved in the administration of their medicines. For example, one person administered their own insulin with staff observation.
- We observed some people independently seeking out staff and prompting them that they were ready to take their medicines. Staff had a good knowledge of people's medicines and had awareness of when people required them. People came to the office and medicine room to receive them. Staff managed this system well and the routine lent itself to an informal, person-centred approach.
- The registered manager stated that people woke up each morning at different times so there was flexibility in how staff supported them. No one needed time critical medicines and records showed that staff were vigilant in ensuring there were appropriate gaps between doses if someone had woken up late.
- Staff considered people's mental health needs and anxieties when supporting them with medicines. For example, one person who came to the medicine room had anxieties about the window in the room, so staff made adjustments to the environment to reduce these anxieties.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these.
- Staff received training in medicines and received regular competency checks to ensure their practice remained safe.

Preventing and controlling infection

- The home was clean, tidy and smelled fresh. Staff maintained a regular cleaning schedule to ensure that the home was cleaned thoroughly.
- We observed staff using personal protective equipment (PPE) such as disposable aprons and gloves, when preparing food; hand sanitisers were used in between administering medicines. Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and staff understood their responsibilities to report any concerns. Any changes to people's support were completed, if necessary, following a review of each incident.
- Staff completed ABC charts to record when people's behaviour became challenging and incidents had occurred. The ABC chart is an observational tool that allows staff to record people's behaviour and help them to understand what the behaviour is indicating. These records were reviewed by the registered manager and recorded when specialist mental health or forensic services needed to be advised to provide further support for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to receive support from the service, to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, staff used Royal Pharmaceutical Guidelines and National Institute for Care Excellence (NICE) guidance to inform and support their administration of medicines.

Staff support: induction, training, skills and experience

- Staff had the training and skills to meet the needs of people living at the home. One person said, "As far as I'm concerned they are well trained."
- Training had been provided that met the needs of people at the home. Staff undertook courses in areas such as mental health awareness, mental capacity, positive behaviour support, safeguarding and medication. Staff told us that training to support people with their mental wellbeing was informative. One staff member said, "The psychiatry training with different diagnosis I enjoyed. You get to recognise the various problems associated with each diagnosis." Another staff member said, "It's very useful. I like the medication training. It's more technical, and I like going in depth and finding out about things."
- New staff completed a comprehensive induction that included mandatory training and shadowing experienced staff. Staff without experience in care were supported to complete the Care Certificate. The Care Certificate is the induction standard for new social care workers.
- Staff told us that there was a positive emphasis within their induction period where they were encouraged to spend time with people, getting to know them and understand their physical, mental and emotional needs.
- Staff told us they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "We get regular supervisions. I find them very useful and open."

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough food and drink and told us they liked the food that staff prepared. People were given choices of what they wished to eat and were provided alternatives if they requested this. One person said, "It's good, plenty of food and choices."
- People were provided with seasonal dishes and had four-week rolling menus. Staff offered people vegetarian options as an alternative choice.

- No one at the service required their diets to be modified to ensure safe eating. People were encouraged to become involved in preparing their own food. Some people made their breakfasts while one person prepared their own packed lunch before going out.
- Mealtimes were not strictly set as many people were independent and accessed the community throughout the day. Staff were flexible in providing people with food when they requested it.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design and decoration of the home. Handrails were fitted around the home to ensure people could walk safely, while radiators had been covered for safety.
- The communal lounge was large and was the focal point where people socialised and spoke with staff. The lounge was welcoming and situated close to the registered manager's open door so that they could speak to them when they wished.
- Staff added technology to people's rooms to support them to alert staff. One person who spent the majority of time in their room was provided with a call bell system, so they could summon staff if they needed them. This acted as safety system to alert staff and support them with their mental and emotional needs.
- The home was undergoing some refurbishment work to the walls and bannisters at the time of the inspection. The work was being completed in stages and did not impact on people's use of the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and to access healthcare services when they needed. One relative said, "He's been there quite a while and they understand his problems and any pain he has. They help him work through his worries. They deal very well with any of his problems."
- Staff worked with a number of healthcare specialists to ensure people received timely support. These included GPs, dentists, psychiatrists, psychologists and other mental health specialists. Records showed that people were referred for further treatment in a timely manner.
- Each person had a detailed hospital passport in place that included medical information, risks and how they were supported in their environment. These passports contain information that can be taken to hospital or healthcare appointments to show healthcare professionals how people liked to be looked after.
- People had diet, weight and nutrition care plans. These directed staff to encourage people to make their own decisions about the support they needed.
- People's oral health care was assessed, and they could see a dentist, if this was needed. Oral health care plans captured what each person could do independently and what support they needed from staff. Referring to staff, one relative said, "They keep an eye on her diet and get GP checks."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At the time of the inspection, each person had been assessed as having the capacity to make their own decisions. The registered manager told us that one person, who had capacity, had voluntarily agreed to have support when they accessed the community as they did not feel safe doing so independently.
- No one was currently subject to a DoLS authorisation. Some people at the home were had conditions placed on them in order to live in the community. This meant they had to live at Heatherdene and for some people included other conditions. People were supported by workers and specialists in the mental health teams to review their support.
- People were able to make their own decisions. Staff supported people with information and guidance on occasions where decisions made were not considered wise. For example, staff discussed with one person about their diabetes, and supported them to understand the impact their choices had on their diet and health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy at Heatherdene and that staff were caring towards them. We observed people being at ease and relaxed around staff, some of whom had been working at the service for some time and knew people well.
- Staff understood their responsibilities to provide safe care and support but ensured there was a flexibility in their approach that respected people. For example, people sought out staff for their medicines and staff worked with them to manage this. We observed a flexible and professional approach that avoided the formal 'medicine round approach' and respected people. Staff respected people's routines and were flexible in providing them with meals when they wished to have them.
- People were provided with compassionate care and emotional support when they needed it. Staff were aware of when people were feeling low, or showed signs of this, and acted quickly to provide them with emotional guidance. One person said, "They know my low times of the year. (The person described anniversaries of the passing of two loved ones). December is the worst. Staff talk to me about it. It's really, really helpful."
- People's diverse religious needs were identified when they moved to the home and staff were able to support them if needed.
- People were supported to maintain contact with loved ones and friends. Some people had moved to the supported living service adjacent to the home in recent years and staff supported people to maintain contact and engagement with those who had moved.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they could express their views and make decisions about their care. We observed people talking with staff about what they were doing that day and staff encouraged them positively. Throughout the day people came in and out of the service while others chose to spend their time in the home relaxing and talking with staff. One relative said, "Yes very much so. They are always understanding and listen to (the person). He needs listening to and things explaining to him."
- People had monthly key worker meetings where they could talk to staff about their care and support. People asked staff about new activities or things they wanted to be involved in or aspects of their support they wanted to change. One person said, "Yes, I've got a good keyworker. I can talk to (the staff member) anytime."
- Although no one was currently in need of an advocate, people had access to support from an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to

speak for them.

Respecting and promoting people's privacy, dignity and independence

- People were actively encouraged by staff to be as independent as possible. People had been assessed in their level of independence with what support they required and completed some daily living tasks by themselves. For example, most people were independent in completing their own laundry. Staff prompted those people who required some support to undertake this.
- People completed their own personal care while one person received support and encouragement from staff to motivate them to maintain their personal hygiene. Staff had explored developing people's independence with food preparation. Staff had discussed learning new skills with people although the registered manager said that interest in this had not been high.
- People and their relatives told us that staff treated them with dignity and respect. We observed staff speaking with people respectfully.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their preferences and choices. People's care plans fully reflected their physical, mental, emotional and social needs. Care plans were person centred and had been developed so that staff could support people in a person-centred way.
- Some people required support with behaviours that may challenge. There was clear guidance for staff on identifying people's anxieties and emotional triggers. Care plans were detailed on the person's thoughts and feelings when they been unwell in the past. This information allowed staff to anticipate people's anxieties and to support them before behaviours could arise.
- Care plans guided staff on how to support the person, how to reduce behaviours and what specialist mental health services to contact. One person said, "I ask them to help if I'm feeling low. I was panicking recently about my hearing loss and they calmed me down." Another person told us, "They try to get the person who was anxious to calm down. Staff were absolutely fantastic with them."
- Each person received one to one funded support. This meant staff supported people to undertake specific activities or spend the time as the person preferred. The registered manager planned people's one to one time each week in the diary, although people were able to determine when they wished to have their one to one. Some people were supported to activities while others chose to have staff company and chat. Records showed that staff were carrying these out.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people were independent and accessed the community by themselves. People spent time with friends in the community and attended social groups and clubs.
- Staff provided engagement and activity at the home for those who wished to participate. These included memory card games to stimulate memories and encourage conversations to promote wellbeing. Staff supported people to have cultural meals and evenings out together. One person said, "The activities are fairly good." One relative said, "It's quite good actually. They've improved things recently in terms of activities. He goes to a couple of clubs."
- We observed people relaxing at the home throughout the inspection. They appeared engaged and comfortable chatting to each other and staff.
- People were supported by staff who knew them well and could identify if they were feeling low or at risk of social isolation. Staff provided responsive support and approaches to reduce this.
- For example, one person spent the majority of time in their room due to issues caused by their schizophrenia. The registered manager had decided to creatively communicate with the person through hand written letters. This had allowed the person to reply by letter and to inform staff of their fears and what

they could do to help them support him. The registered manager told us the change in the person's ability and willingness to engage was remarkable and that the person was actively encouraging staff to visit them each evening to play cards. The person's positive progress and improved control over their condition had been recently noted by their visiting psychiatrist.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- No one at the home needed information given to them in an alternative format. Some people benefited from information in an easy read format and the provider had ensured that the service's statement of purpose was available this way. The registered manager told us that any information could be provided in this format if people required it.
- Each person's communication needs were assessed and used in care planning. Information and guidance were clear for staff in supporting them to communicate effectively

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and would feel comfortable doing so. They told us that they had confidence that any issues would be dealt with appropriately. One relative said about raising issues, "Yes I would. I have no worries with that. Staff were open to listening when I had a problem. It's very rare."
- Complaints had been investigated and responded to appropriately.

End of life care and support

- No one was receiving end of life support at the time of the inspection.
- People had end of life care plans in place which captured people's preferences and wishes about how they wanted to be cared for at the end of their lives.
- People's end of life care plans encouraged them to make their own decisions about how they wanted to be supported.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was focussed on providing person centred care for people and empowering them to live as independent a life as possible. The provider's mission statement was focussed on providing person centred care. The registered manager said, "It's about getting to know peoples' preferences and knowing to cater for them personally. It's about learning about what's worked at other places."
- The registered manager understood the importance of providing an open and inclusive home and comments we received from people, relatives and staff supported this. One person said, "She really makes you feel welcome and appreciating everything." One staff member said, "Yes I do thinks it's well run. She is very approachable and communicative. You can go to her with any problem."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager said, "Under the duty of candour, if there's been an incident and we would ask them if they want us to let their family know about openness and transparency, ensuring things are reported."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured there were systems and processes to monitor and audit the quality of the service provided. Checks were undertaken on areas such as health and safety, medication, training, care plans, maintenance and financial systems, the results of which were analysed to determine trends and introduce preventative measures. The registered manager and area manager also developed an annual action plan to identify areas of improvement.
- Staff were aware of their responsibilities and talked confidently about person centred care, understanding of peoples' mental health needs and the need to promote and encourage independence.
- The registered manager had a good knowledge of the needs of people at the home and fully understood the risks presented to them. They had ensured that processes were in place to mitigate risks to them and the home and to safeguard them as much as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were in place to engage and involve people and staff using the service. For example, staff always encouraged people to be involved in the reviewing of care plans.
- Residents' meetings were undertaken regularly where people could discuss activities, menu options and developments at the home. People could provide their input and feedback about menus and inform staff of their likes and dislikes so that menus could be adapted to people's liking.
- People were invited to be involved in the recruitment of new care staff. People could also meet successful candidates and introduce themselves and chair residents' meetings if they wished.
- People were supported to be involved in the checking of the service. For example, people helped staff with health and safety checks on first aid boxes and when fire alarms were tested. The registered manager told us this was also to inform people of how processes work.
- People, relatives and staff completed annual surveys and satisfaction questionnaires. Positive feedback had been received from people and family members. The registered manager analysed the results of feedback which was assessed by the provider's quality team.

Continuous learning and improving care

- The registered manager demonstrated a drive to improve care and promote continuous learning. For example, staff from the local forensic mental health team were invited to provide case-based training on the differing mental health needs of people at the home.
- The registered manager told us that they had introduced pay bandings that provided incentives for staff to undertake further social care courses such as NVQ (National Vocational Qualification). The registered manager said, "If you give them an incentive then they'll do it. The majority of our staff have NVQs. This does rub off on their work practices."
- The registered manager used open forums at management meetings to discuss what areas of support had worked well at the provider's other services. The registered manager said, "There's a lot of discussing of ideas."

Working in partnership with others

- Staff worked closely with a number of health and social care teams specialising in mental health provision. These included local authority community mental health teams, secure and forensic services as well as psychiatrists and psychologists. This ensured that people received the specialist help they needed to manage their mental health needs. One professional told us one of the positive aspects of the home stating, "It's the therapeutic relationships they build with them and staff understanding of mental health issues."
- The home also linked with local services to promote best practice and learning. The registered manager said, "We are linked with sister homes who are mental health. We share with other managers there. If there's specific forensic mental health meetings, we will attend them."