

Marton Care Homes Ltd

Heywood Court Care Home

Inspection report

Green Lane
Heywood
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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

Heywood Court Care Home is a residential care home providing personal to up to 45 people. At the time of our inspection there were 40 people using the service.

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

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.

Risks to people and staff were well managed. All required health and safety checks were taking place. There were safe systems of staff recruitment and there were sufficient staff to meet people's needs. Medicines were stored and administered safely. The risks associated with COVID-19 were well managed.

People's needs were assessed, clear support plans and risk assessments were in place to guide staff. Staff received the induction, training and support they needed to carry out their roles effectively. People's food likes, dislikes and preferences were respected. The home was clean and there were a variety of communal rooms available to enable people to spend time with others but in smaller groups. Staff worked closely with other agencies to ensure people's needs were met.

Staff treated people with kindness and respect. Throughout the inspection we observed staff to have a friendly, caring and compassionate approach. Staff knew people well and had empathy and fondness for the people who lived at the home. They spoke respectfully to people and gained consent before providing support.

There were regular meetings for people who used the service to express their views and suggest activities and changes within the home. Activities were taking place but were not yet at pre COVID-19 pandemic levels of choices or community involvement. Plans were in place to increase the range of activities on offer. The service was following the Accessible Information Standard. There was an appropriate system in place to manage complaints.

The registered manager and provider had good oversight of the service. There was a range of quality monitoring, auditing and oversight. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed. All staff spoke positively about the registered manager, the way the service was run, and the quality of the care and support people received. Staff felt supported and valued and were positive about the changes with the new provider.

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

Rating at last inspection:

This service has changed provider since our last inspection. It was registered with us on 10 October 2020 and this is the first inspection under the new provider.

The last rating for the service under the previous provider was good, published on 15 June 2019.

Why we inspected

This is the first inspection of this service under a newly registered provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for Heywood Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heywood Court Care Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector and an expert by experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heywood Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heywood Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people living at the home and 4 relatives. We also spoke with 9 members of staff including; the registered manager, regional managers, administration manager, catering manager, housekeeper, well-being lead and care staff. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This was the first inspection of this service under a newly registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination.
- Staff had received training and were aware of their responsibilities. Staff were confident any concerns they raised would be dealt with promptly by the registered manager.
- People told us they felt safe living at Heywood Court.

Assessing risk, safety monitoring and management

- Risks to individuals, staff and within the environment were identified and well managed.
- The required health and safety and equipment checks were taking place.
- On the first day of our inspection, we observed some people using wheelchairs that did not have footplates. This posed a potential risk to people of hurting their feet or suffering skin tears. We discussed with the registered manager who said they would raise with staff. On the second day we saw this had been raised during the handovers and everyone using a wheelchair was observed to have footplates fitted appropriately.

Staffing and recruitment

- Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff to meet people's needs. Staff knew people very well. Staff said that whilst they were busy, they always had time to talk with people who used the service. One staff member said, "Staffing levels are good, and we have a stable staff team."
- During the inspection, we observed staff responding to requests for support promptly and in an unrushed and calm way.

Using medicines safely

- Medicines were stored and administered safely.
- Staff had received training in the administration of medicines and had their competency checked regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Learning lessons when things go wrong

- Records were kept of accidents and incidents. Immediate action was taken where needed to mitigate future risk.
- The registered manager and provider monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

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.

This was the first inspection of this service under a newly registered provider. This key question has been rated good. 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, and clear support plans and risk assessments were in place to guide staff. These were person centred and had good detail about how people liked their support to be provided.
- There was regular meaningful review of people's support needs and changes were made following incidents.
- Staff told us that handover at each shift helped them know what they needed to do and what care and support people needed. One staff member said, "We are allocated things at every handover. So, we all know what we are doing."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Staff were positive about the training. One staff member said, "The training is really good." In a staff survey, staff had asked for more face to face training; we saw the provider had arranged this recently with a first aid course.
- Staff told us they felt supported and could always talk with a manager if they needed to. One staff member said, "If I ask for help, [registered manager] is good. 100% supportive."

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

- People were positive about the food. Clear nutritional guidance was in place where people needed their food to be prepared in a specific way. People's food likes, dislikes and preferences were respected.
- The kitchen had recently been awarded a 5-star rating from the food standards agency.
- Where people were at risk of losing weight, there were regular checks on their weights and action was taken if needed including referral to speech and language therapy.

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

- The home was clean and clutter free.
- There were a variety of communal rooms available to enable people to spend time with others but in smaller groups. People's bedrooms all had en-suite facilities and were spacious and bright. People were able to personalise their room with their own belongings.
- There was a programme of redecoration of communal areas planned for July 2022.

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

- Staff worked closely with other agencies to ensure people's needs were met.
- People were supported to access a range of health care professionals. Where incidents or concerns about someone's health were raised, we saw advice and referrals for care were sought promptly.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of MCA.
- Where needed best interest decisions had been made and were well documented.
- Where conditions had been placed on DoLS authorisations, the registered manager kept an overview to ensure these conditions were being met.

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.

This was the first inspection of this service under a newly registered provider. This key question has been rated good. 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

- Staff treated people with kindness and respect. Throughout the inspection we, observed staff to have a friendly, caring and compassionate approach. Staff knew people well and had empathy and fondness for the people who lived in the home. Staff told us, "I do like it here. I like the residents. It's so rewarding" and "The residents are lovely."
- People spoke positively about the staff and the support they received. They said, " Yes, I am very happy here" and "The staff are lovely here."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were listened to and involved in decisions about their care.
- Regular residents' meetings were held, giving people the opportunity to share ideas and concerns.
- Staff spoke respectfully to people and gained consent before providing support. They knocked on people's bedroom doors and requested permission to enter. Staff gave examples of how they promoted or helped people maintain their independence. One staff member said, "I explain what I am going to do, ask if its ok. Ask if they want to help."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

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

This was the first inspection of this service under a newly registered provider. This key question has been rated good. 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; 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

- Care records were person centred and gave information about what was important to and for the person. The well-being coordinator met with people and their families as soon as people moved into the home, to find out what their interests and hobbies were. Staff were able to tell us people's favourite songs, interests and things they enjoyed doing.
- Activities were taking place but were not yet at pre COVID-19 pandemic levels of choices or community involvement. Plans were in place to increase the range of activities on offer. There were 1:1 activities for people who liked to spend time in their rooms or who didn't want to join in group activities.
- Families were made to feel welcome and kept informed during lockdowns and visiting restriction times. Staff said, " [During the COVID-19 pandemic] residents were missing their families, we tried to spend a lot more time with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard
- Information was available in alternative formats including pictorial and easy read.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. We saw complaints were investigated and detailed responses given to people.
- People knew how to complain. One person told us, " I'm ok, I have no grumbles."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advanced decisions about resuscitation.

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.

This was the first inspection of this service under a newly registered provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had good oversight of the service. There was a range of quality monitoring, auditing and oversight. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed. There was oversight from senior managers; including audits, electronic reporting systems and unannounced day and night-time visits.
- Staff spoke highly of the registered manager and how the service was run. They said, "You can talk to him, I would go to him straight away. He would deal with anything" and "He is very approachable, very calm and kind."
- All staff spoke positively about working at the service and the quality of the care and support people received. Staff told us they enjoyed working at Heywood Court. They said, "I love it. It's so good here, no one even argues. It's good teamwork. We have good routines" and "We are a good team. Everyone just mucks in; the atmosphere is good."
- People and their relatives said the care was good. One relative said, "We have no grumbles with my [person who used the service] care."

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

- There were regular meetings for people who used the service to express their views and suggest activities and changes within the home.
- The provider had completed a staff survey. Staff responses were positive, and we saw action had been taken where improvements had been suggested.
- Staff felt supported and valued and were positive about the changes with the new provider. They said, "The new provider is good" and "Even the area managers chat to you and ask how you are. They will help, they give us treats like pop and biscuits as a thank you."
- The provider held a range of meetings for information and support for registered managers, and recognition schemes for good practise for staff to help improve the quality of services. Staff from the home had recently attended one of the awards ceremonies.

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; Working in partnership with others; Continuous learning and improving care;

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.