

Federation of Jewish Services

The Heathlands Village

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Heathlands Village (known as Heathlands) is a residential care home providing personal and nursing care to up to 214 people. The service provides support to older people from both the Jewish and Non-Jewish community, some of whom were living with dementia. At the time of our inspection there were 137 people using the service.

Heathlands is divided into 7 units. Wolfson (nursing), Hamburger House (residential), Cedarwood (residential), Willow (residential), the Simon Jenkins unit (discharge to assess), Beach House (residential dementia), and Oakwood (nursing dementia).

People all have their own en-suite rooms. Each unit has a shared lounge, dining area and bathrooms. Heathlands also has extensive grounds, and the site includes an onsite synagogue, restaurant and atrium where people can meet their family and friends, as well as other facilities.

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

Assessments regarding people's capacity to make their own decisions were not completed. Applications for a Deprivation of Liberty Safeguards were made when people moved to the home where applicable. This meant people were not always supported to have maximum choice and control of their lives. We have made a recommendation for formal capacity assessments to be completed and regularly reviewed.

From our observations, and feedback from people and relatives, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they were safe living at Heathlands. Brief risk assessments were in place and care staff knew people's needs well. People received their medicines as prescribed. Guidance for when people needed an 'as required' medicine to be administered was not sufficiently detailed. The registered manager said they would ensure additional details were recorded across all units.

There were enough staff to meet people's needs. Staff were safely recruited. Incidents and accidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a reoccurrence. The home was clean throughout.

There was a quality assurance system in place. This was in the process of being improved. Additional clinical managers had been recruited who in future would complete regular audits, giving the team and shift leaders more time to manage their units. The clinical managers were now more visible on the units and able to provide more support for the staff teams.

Feedback from people and relatives was positive about the care and support they received. There was good

communication with relatives. A medical professional was also positive about the home, with staff knowing people's needs and following any guidance provided.

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 (published 7 March 2019).

Why we inspected

The inspection was prompted in part due to an increase in notifications made by the home and the length of time since the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

The overall rating for the service has remained good based on the findings of this inspection.

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, by selecting the 'all reports' link for The Heathlands Village on our website at www.cqc.org.uk

Recommendations

We have made a recommendation for the service to follow best practice guidance for assessing and reviewing people's capacity to make decisions.

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?

The service was safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Heathlands Village

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

Two inspectors visited Heathlands on the first two days of the inspection. One inspector visited on the third day. Two Expert by Experience's supported the inspection on the first 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

Heathlands 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. Heathlands is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and 5 relatives about their experience of the care provided at Heathlands. We spoke with 24 members of staff including the registered manager, nominated individual, clinical managers, nurses, team leaders, shift leaders, care support workers and housekeepers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting medical professional and a volunteer who was a board member of the provider and a member of the quality assurance committee.

We reviewed a range of records, including 21 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home. We 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments and guidance were in place and regularly reviewed. The details were brief; however, staff knew people and their needs well. A small number of risk assessments needed to be reviewed to ensure they reflected people's current needs.
- Moving and handling equipment was checked by staff prior to being used. One person said, "They always make sure I've the equipment I need handy, such as the stand aid, and they are on the ball in supporting me with my personal hygiene each day." Equipment was regularly checked and serviced in line with legal guidelines.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working fully within the principles of the MCA. The electronic care system used at Heathlands did not include a capacity assessment. In some risk assessments there were tick boxes as to whether a person has capacity or not to understand the risk, without a formal capacity assessment being made.
- Where people's capacity changed after they had moved to Heathlands, formal reviews of their capacity were not made.
- A DoLS application was made when people moved to the home and the pre-admission needs assessment identified the person may lack capacity. Any conditions related to DoLS authorisations were being met.

We recommend current best practice guidelines are followed to assess and regularly review people's capacity to make specific decisions.

- The registered manager acknowledged this gap in the electronic care planning system. They were currently reviewing the purchase of a new care planning system, which we were told did have a capacity assessment as standard for each person. The nominated individual also confirmed a new care planning

system was due to be purchased and implemented in 2023.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MARs) were fully completed. We found some stock quantities did not match the MARs. On investigation this was a recording issue. The clinical manager said they would show the staff concerned how to record medicines carried forward from one month to the next correctly.
- Guidance for medicines prescribed 'as required' (PRN) was not consistent across the units. Most did not indicate how the person would communicate when they needed the PRN medicine to be administered if they were unable to verbally tell staff. We discussed this with the registered manager and clinical leads. They said a standardised PRN protocol format would be used on all units, which included information about how people would communicate they needed a PRN.
- On one unit, medicines due to be returned to the pharmacist were stored in the locked treatment room but were not in a lockable container as per best guidance.
- Best interest decisions were in place where medicines were administered covertly in food or drink.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to report and record any concerns, incidents or accidents. A nurse was always available to support the residential units if needed, for example if someone had a fall.
- Incidents were reviewed, and risk assessments updated where appropriate. We saw appropriate action had been taken following a recent incident. A team leader said, "If someone has a fall we review what measures can be put in place straight away."
- The number of notifications received by CQC had recently returned to historical levels. The local authority told us there had been no recent concerns raised with them. They said, "There have been a few safeguarding enquires that have either been closed or Heathlands have completed a lessons learnt exercise and improved practice."
- People and relatives thought they were safe living at Heathlands. One person said, "It's the people who make me feel safe."

Staffing and recruitment

- There were enough staff on duty to meet people's identified needs. 'Daybreak' and 'twilight' shifts were used to provide additional staff support for the busy morning and evening periods and over the shift handover period. One person said, "They are generally quite quick when I use the buzzer and there are always people to help knocking about in the corridors" and a relative told us, "There is always staff about."
- Staff were safely recruited, with all pre-employment checks completed prior to a new member of staff starting work.

Preventing and controlling infection

- The home was clean throughout. Housekeepers were assigned to each unit. One person said, "Oh yes it's clean, you can see they are always cleaning."
- Heathland's policy was for staff to continue to wear masks, even though this was no longer mandatory. On one unit some staff had masks below their noses. A clinical manager said they would ensure all staff were reminded to wear their masks correctly. Visitors were encouraged to wear masks.
- People continued to have a negative COVID-19 test prior to moving to Heathlands. We were assured that the provider's infection prevention and control policy was up to date.

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A quality assurance system was in place. Audits were completed each month by the team and shift leaders, with the results emailed to the clinical managers. We saw issues were identified, but not always signed off to confirm they had been actioned. Clinical managers checked the audits and followed up any identified issues with the appropriate team and shift leaders.
- The registered manager and clinical managers received daily updates for each unit, identifying any issues (for example infections or weight loss), accidents or if people had become unwell. They also received notes of any medical visits for each unit. Weekly reports were written for each unit identifying people at risk of losing weight and any skin integrity issues. This meant they were kept up to date of any changes within the home.
- The quality assurance system was in the process of being improved and strengthened at the time of our inspection. Heathlands had increased the clinical management team from 1 to 5 clinical managers. During our inspection an arranged planning day was held to change and clearly define the clinical manager roles going forward. This included each clinical manager and 2 nursing associates being assigned to a particular unit and completing care plan, medicines and infection control audits each month for their unit. This will be introduced in February 2023.
- A quality assurance committee, comprising the nominated individual, registered manager, quality manager and volunteer board members, met every two months. The committee review incidents and complaints to ensure they have been responded to and any lessons learnt have been implemented. A monthly health and safety meeting reviewed any falls for each unit, any possible patterns to these and checked actions had been taken to reduce the risk of a reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said the staff were kind and caring. One person said, "I've been here for a few weeks and all the staff are very helpful." We observed positive interactions between people and care staff throughout our inspection.
- Staff were positive about the increase in the clinical managers team. Support was more readily available, and the clinical managers were more visible on each unit. A shift leader said, "It's better now with more clinical managers. They now do a morning walk round and may come into our handovers. They go around the floor, see how things are going, speak with me and ask if there are any issues or if anyone is not feeling

well."

- Staff said they felt well supported, with up to date training, regular supervision meetings and staff meetings. They said they were able to raise any ideas or concerns they had.
- Volunteers were supporting people to complete a resident's survey. The results would be collated and any areas for improvement identified. A relatives' survey was being re-designed at the time of our inspection so it more closely reflected the residents survey and responses could be compared. Regular residents' forums were also held, led by a volunteer, to hear feedback from people.
- Relatives said there was good communication with the home, and they were involved in agreeing their relatives support plan where appropriate. A relative said, "The staff asked me questions when [name] moved in and we devised their care plan."

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

- Heathlands had a complaints procedure in place. We saw complaints were responded to appropriately, with a written response provided to the complainant.
- The manager was aware of their legal responsibilities and notified the CQC and local authorities when required.

Working in partnership with others

- The home worked with a range of other professionals, including physiotherapists, salt and language team, and medical professionals. A medical professional said, "I am here for a full day every week. Staff have any information I need to hand or can get it for me. They follow any guidance I give them."
- Heathlands had an extensive volunteer programme. Volunteers supported with meals, supporting people to complete surveys and with activities.
- Heathlands also had extensive links with the wider Jewish community. Local Jewish and non-Jewish school children visited the home to spend time doing activities with people living in the home.