

Heathlands Care Home (Chingford) Ltd

Heathlands Care Home

Inspection report

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06 January 2021

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Heathlands is a care home providing personal and nursing care to up to 84 people over three floors. At the time of the inspection there were 80 people living at the service

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

Relatives told us that permanent staff were caring and attentive, however, some relatives said that agency staff members could be abrupt to their family members.

The admissions process for people receiving end of life was not always robust. This meant the provider did not always have enough information to initially meet all their needs. However, relatives of people who had been at the service for a longer period of time told us the provider looked after their residents well at the end of their lives.

People's relatives told us the registered manager was approachable and they felt confident they would act on their input to best care for their loved ones. The registered manager completed a range of audits to monitor the quality of the service.

We were assured the provider was following national guidance in relation to infection prevention and control. They had trained staff to wear appropriate personal protective equipment. The provider completed whole-home testing had followed external professional's advice to minimise the risk of the spread of infection when they received positive coronavirus test results.

We have made a recommendation in relation to people being admitted to the service for end of life care.

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

Rating at last inspection (and update)

The last rating for this service was good (published 12 September 2018). We have not rated the service following this targeted inspection and the rating remains the same.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about end of life care. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we needed to in order to carry out our infection, prevention and control duties.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Heathlands Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about end of life care.

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 team consisted of one inspector on-site and an Expert by Experience made calls to people's relatives remotely. 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 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

We gave a short period notice of the inspection because we wanted to give enough time for families to be told that we may contact them regarding their relatives' end of life care.

Inspection activity started on 16 November 2020 and ended on 06 January 2021. We visited the office location on 20 November 2020.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine relatives of people who lived at the service and received end of life care. We spoke with five members of staff including the registered manager, clinical lead, operations manager, a nurse and a care worker. We reviewed a range of records. This included two people's care records and multiple medication records. We made general observations of the ground floor of the home only to minimise the risk of the spread of infection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and a variety of records relating to the management of the service, including policies and procedures. Due to a technical error there was short delay between the inspection and requesting the extra information.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about end of life care. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

Staff and people were supported to observe social distancing guidelines. The provider followed national guidelines relating to infection control and staff wore personal protective equipment and had good hand hygiene. The provider carried out whole home testing for coronavirus and followed the advice of external professionals when people or staff tested positive.

- 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.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about end of life care. We will assess all of the key question at the next comprehensive inspection of the service.

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

End of life care and support

- Most relatives gave positive feedback about end of life care provided to their family member, however, some improvements were required. We found that the admissions process for people on end of life care was not always robust. Due to the pandemic, the provider was not able to carry out comprehensive assessments in their usual way. This would normally include face to face meetings with people, their relatives, and health care professionals before they moved in to the service. As such the provider was relying more heavily on information gathered about the person when they started living at the service and adapted the support provided over the initial few weeks.
- A minority of people's relatives told us this led to concerns they held regarding medicines. One relative told us, "[Family member's] transfer was done in a hurry...We have had no conversation around end of life care with the home...[family member] kept being given pain medication very late, they were crying in pain."
- Some relatives reported issues with the way non-permanent staff treated their loved ones and felt that call bells were not always answered promptly.
- The registered manager told us they were aware that the pandemic hindered communication with families and could make sensitive conversations more difficult. The provider also stated that the information available from health and social care professionals could vary during the admissions process leading to inconsistencies in the care provided by the service.
- This reflected the views of other relatives, "I have been very pleased with the manager's attitude especially when he has to balance the needs of end of life care residents and those with COVID-19. He gave us a lot of his time when [family member] was admitted and discussed how [family member] would progress through end of life. He was very helpful and reassuring."
- This meant the admissions process had a limited impact on people when they first started using the service and we were assured the provider would address the concerns raised.

We recommend the service seek advice and support to maintain consistency during the admissions process and the start of service delivery.

- End of life care for people who had been at the service for a longer of time was well managed. Feedback from these people's relatives demonstrated that people received medicines on time to help them with pain

and other conditions such as agitation. Medicine records we reviewed confirmed this. The provider had a system in place to store anticipatory medicines for use by a person when they were dying.

- The provider was aware of the national guideline changes relating to medicine administration and had communicated these with staff who were prepared in case of medicine shortages due to the pandemic. The provider had not needed to implement these new procedures.
- The provider had worked with people's families to develop plans of care for people at the end of their life, such as their place of death, and their cultural or spiritual wishes. Staff we spoke with were knowledgeable about people's needs.
- We saw staff treat people with respect, such as talking politely and getting permission to enter people's rooms.
- The provider assessed the visitor arrangements for people in line with national guidance and these were continually reviewed so families could visit and stay at the service when their relative at the end of their life or when restrictions were having a severe impact on the person's health and wellbeing. During the inspection we saw that visitors were supported to stay with their relatives and follow appropriate infection prevention and control measures.

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 <insert rating>. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about end of life care. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The service was well managed. People's relatives spoke highly of the registered manager and the management of the home. "What I know of the manager I think he is on a different level to other care homes managers we have dealt with previously. He communicates and explains things well. He is very kind and tells us everything that is happening with [family member]." A second relative said, "The manager is approachable. I could phone him and he would help."
- Most relatives described the atmosphere at the service as welcoming and calm and this was reflected in observations during the inspection. We saw staff talking calmly and professionally to people.
- Staff we spoke with told us they felt the manager was approachable and felt that they were given the right responsibilities and training to do their job well.
- The provider completed a range of audits to monitor the quality of the service and was aware that they needed to do more to improve the end of life care admissions process and we were assured the provider would continue to develop the admissions process for people on end of life care. People's relatives were confident the provider would address any concerns they may have. Audits included actions that the service would take to increase the quality of care. A relative told us, "They put safety into all aspects of the care home."