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Heathcote Care Home

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

This unannounced inspection took place 18 January 2016. Heathcote care home provides care and accommodation for up to 17 people who have dementia or mental health conditions. At the time of the inspection 16 people were accommodated.

The service had a registered manager as is required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included risk of skin damage, falls and malnutrition. Where risks were identified there was a plan to manage the risk. There were enough staff to meet people's needs. Feedback from relatives and people included, "Most of the time there are plenty of staff around." We saw that staff were unhurried and staffing rotas reflected the staffing requirements as assessed by the registered manager.

Staff were aware of what constitutes abuse and the actions they should take if they suspected someone was being abused. Relevant checks were undertaken before staff started work. For example, checks with the Disclosure and Baring Service were undertaken to ensure that staff were not judged to be unsuitable for working with vulnerable people.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. We saw that staff remained with people and offered a drink when administering their medicines. Medicines were kept securely and staff with responsibility for medicine administration had training and were aware of the actions to take should an error occur.

Staff were aware of how to support people to make decisions. Staff told us how they supported people to make decisions, such as offering two alternatives, considering their prior wishes and consulting people significant to the person for their views. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made applications for DoLS authorisations for a number of people using the service.

People had access to healthcare when they needed. A healthcare professional told us that appropriate referrals were made and staff followed clinical advice. Peoples care records demonstrated contact with a variety of healthcare professionals.

People were supported to eat and drink. They were offered a choice of food and drink. However, people's mealtime experience was not always as positive an experience as it could be as staff attention was not always on the person they were supporting.

People were treated with dignity and respect and their privacy was maintained. Staff responded patiently and positively to people and listened and reassured them. People were included and involved in decisions about their care.

People were supported to maintain relationships with people important to them. There was no restriction of visitors and contact with relatives was maintained through use of the telephone and video chat.

Staff knew people as individuals and had knowledge about them and their personal histories. Feedback from relatives and people included, "It's homely and caring and the staff know their residents really well. They take the extra time to get to know the people." People's care records contained information about the person's past life including family make up and previous occupation and significant life events. Staff were aware of people's backgrounds which helped them have meaningful conversations with people about topics of personal interest.

People engaged in activities of interest to them. Feedback from relatives and people included, "The activities are really good." We saw people engaged in activities such as armchair exercises and sat in a group reading newspapers. The activities coordinator described the variety of activities provided and explained that there were no rigid plans for activities as they would frequently need to be adapted depending on people's mood and preferences.

Concerns and complaints were managed appropriately. The management team told us that no complaints had been received in the previous 12 months. Staff told us that they would try and resolve any minor compliant or concern at the time it was raised. They said they would refer significant concerns that they were unable to resolve to the management team.

Staff were confident in the abilities of the management team and felt able to raise concerns and issues. Staff were aware of the organisations they could contact if they had concerns regarding the safety of people.

The quality of the service was monitored on an on-going basis through observations of practice and consideration of indicators such as staff turnover, incident and accidents and feedback from people and staff.

The service had links with the local community and there was unrestricted access for people's visitors.

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. Staff were aware of how to identify and respond to actual or suspected abuse.

There were sufficient staff to meet people's needs.

Medicines were managed safely.

People's risks were assessed and care was delivered to minimise the risks to people.

Is the service effective?

Good

The service was effective. Staff understood how to support people to make decisions and provide care in the least restrictive manner.

People accessed healthcare when required.

People were supported to eat and drink.

People were supported by staff who were trained and supported to perform

Is the service caring?

Good

The service was caring.

People's privacy was respected.

People were treated with kindness and consideration and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People were supported to maintain relationships with those significant to them.

People received a personalised service and engaged in activities of interest to them.

People's views of the service were sought and staff were aware of

how to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

The management team were visible and approachable and an open culture was promoted.

There was on-going monitoring of the quality of care.

Heathcote Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2016 and was unannounced. The inspection was carried out by an inspection manager.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection. We sought the views of the local authority contracts monitoring team and considered information we held about the service as part of our planning for the inspection.

We spoke with three members of staff, one person using the service and a visiting relative. We also spoke with a visiting healthcare professional. We looked at four people's care records, seven people's Medicine Administration Records (MAR). 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. We spoke with the registered manager and other members of the management team. We looked at records relating to the management of the service such as notifications, training records and surveys. We looked at the recruitment information for three staff.

Good

Is the service safe?

Our findings

Staff understood what abuse was and the signs that may indicate someone had been abused. Staff described physical signs such as bruising along with other indicators such as missing property or changes in the person's behaviour. Staff were aware of how to report abuse and told us that they were confident in doing so. The registered manager told us that anyone could report concerns to the local safeguarding team, although this was mainly done by the management team. The registered manager had spoken with the safeguarding team previously to seek advice regarding whether or not a safeguarding alert should be made. Safeguarding training formed part of the provider's training plan for all staff.

People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included risk of skin damage, falls and malnutrition. Where risks were identified there was a plan to manage the risk. For example, two people had been assessed as being at risk of falling from bed. Both people had alarm mats by their beds to alert staff should they mobilise during the night. We saw that other actions to reduce the risk of falls had been taken, for example one person required spectacles to aid their vision which they were wearing. We saw that rooms were free from obstacles which could increase the risk of falls.

Changes in peoples condition and risks were discussed at each change of shift. Staff told us that information was handed over and every person using the service was discussed at these handover meetings.

There were enough staff to meet people's needs. Feedback from relatives and people included, "Most of the time there are plenty of staff around" and, "They don't use agency staff". The registered manager explained they determined the number of staff required by listening to feedback from staff, their own observation and monitoring of other indicators such as incident and accidents. Staff told us there were sufficient staff to enable them to do their jobs safely and that staff absence was covered by the management team or off duty staff were asked to cover. The registered manager told us that agency workers were not used as they felt it was important that care was provided by staff who knew the people well. Staffing rotas showed that staffing was consistently provided at the assessed levels. We saw that staff were unhurried and stopped to speak with people when they entered rooms.

Safe recruitment procedures were followed. Relevant checks were undertaken before staff started work. For example, checks with the Disclosure and Baring Service were undertaken to ensure that staff were suitable for working with vulnerable people. Other information such as previous employment and references were also retained on file.

Medicines were managed safely. Feedback from relatives and people included, "No issues with medication. They picked up that the wrong tablets had been sent. I think that it is very good that they picked it up." A visiting healthcare professional told us that they considered medicines which have a sedating effect were used appropriately. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been taken. We saw that staff remained with people and offered a drink when administering their medicines. Medicines were kept securely and staff with responsibility for medicine administration had

training and were aware of the actions to take should an error occur.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us how they supported people to make decisions, such as offering two alternatives, considering their prior wishes and consulting people significant to the person for their views. Staff told us about one person who was sometimes reluctant to receive care. They described how they supported this person in the least restrictive way, for example by giving the person time, changing the member of staff supporting the person and engaging the person in activities of interest to them to gain their agreement. Two people's care records indicated that a relative held a power of attorney to allow them to make certain decisions on behalf of the person. There was a copy of the power of attorney on one person's file, however, there was not a copy on the second person's file nor details as to what decisions the attorney had the authority to make.

The service had made applications for DoLS authorisations for a number of people using the service. The majority of these applications were yet to be assessed by the local authority. We looked at two people's DoLS authorisations and found that these were current. Neither authorisations had conditions attached.

People had access to healthcare when they needed. Feedback from relatives and people included, "I can see the doctor when I want to", and, "They chased the GP again today as he has been in pain." Appointments with a variety of healthcare professionals such as Community Nurses, the GP and the optician were detailed in people's care records. A visiting health professional told us that appropriate referrals were made and they got all of the relevant information required when they visited people. The health professional further commented that they felt staff followed their advice and communicated with other healthcare professionals well.

People were supported to eat and drink. Feedback from relatives and people included, "They get plenty to eat and drink", and, "You get good food here". Staff told us that people were offered a choice of food and the service could accommodate a variety of different diets. We looked at the menu plans which showed a variety of food was provided. We saw that the TV was replaced by background music during the meal time to promote a social and enjoyable experience. People were offered a choice of drink during meal service and requests for salt and pepper were responded to promptly. Staff were aware of the needs of a person who was at risk of malnutrition and the person had been referred to a dietician and was receiving a fortified diet

and food supplements.

We observed a meal time where staff supported two people to eat. Staff sat with one person and explained what the food was before supporting the person to eat. The staff waited for the person to finish their mouthful before offering more. However, a second member of staff supported another person while stood over them and continued to have a conversation with other staff in the room. At one point this staff member left the person's meal to attend to another task. This did not promote a positive mealtime experience for this person. The registered manager told us that they would address this issue.

Staff told us that they had received sufficient training to enable them to carry out their roles effectively. For example, one member of staff told us that they had recently completed training in diabetes which had provided them with knowledge as to how to respond to a person with low blood sugars. Another member of staff described how useful they had found their dementia training and their learning about the importance of communication. The registered manager told us that some staff had been trained as trainers in certain subjects, for example dementia.

Staff told us that they felt supported by the management team and had regular supervision and an annual appraisal. Staff said they valued the feedback provided at these sessions and used the opportunity to reflect and air problems. Staff commented that they felt able discuss issues with the management team outside of formal supervision.

Good

Is the service caring?

Our findings

People's privacy was maintained. Feedback from people and relatives included, "There are areas we can go to if we want privacy." We saw that doors were closed when people were being supported with personal care. Staff told us that they ensured that curtains and doors were closed when they were helping people and that they used locks on doors to reduce the likelihood of others entering people's rooms. We saw a person was supported by staff to a private area when a healthcare professional visited to examine them.

People were treated with kindness and consideration. Feedback from relatives and people included, "The staff are really kind and considerate", and, "It's good here, they look after you. The staff are very nice they help you a lot." We saw staff took time to speak with people and support was not task orientated. Equality and diversity and dignity and respect training was part of the providers core training plan for staff.

People were treated with respect and compassion. For example, staff responded patiently and positively to a person repeating the same question and provided time and reassurance. Another person was restless and the volume of their voice was elevated. Staff took time with this person and sat with them for a while.

People were included and involved in their care and independence was encouraged. Feedback from relatives and people included, "They keep you informed. They phone up and keep me involved" and, "The staff asked what he would like to do as he was asking if he could help. So he is brushing up now." Signage was used throughout the home to assist people find their way around and facilities such as the toilet and bathroom were clearly indicated. One person's care records indicated that they left the home independently and visited the local town.

Good

Is the service responsive?

Our findings

People were supported to maintain relationships with people important to them. Feedback from relatives and people included, "I can come and go as I please. I can call whenever I want." The registered manager told us that there were no fixed times for visitors and relatives could attend whenever they wished. Staff described the use of 'video chat' to enable people to maintain contact with those significant to them who find it difficult to visit due to geography. We saw telephone calls being passed to people which also assisted in them maintaining relationships.

Staff knew people as individuals and had knowledge about them and their personal histories. Feedback from relatives and people included, "It's homely and caring and the staff know their residents really well. They take the extra time to get to know the people." People's care records contained information about the person's past life including family make up, previous occupation and significant life events. Staff were aware of people's backgrounds which helped them have meaningful conversations with people about topics of personal interest.

People received a personalised service. Feedback from people and relatives included, "I can get up and go to bed when I want", and, "They ask asked about likes and dislikes before moving here. They said we can personalise the room, so we are putting photos up." One person's care records showed that they went to bed at different times in the night and early hours of the morning depending on their preference. The registered manager told us that there were no routine times for people to rise and settle and support was provided to people as they needed it.

People engaged in activities of interest to them. Feedback from relatives and people included, "The activities are really good. He loves Dorset and when I came in he was reading a book about Dorset. He was enthusiastic about the music group that came in." The activities coordinator described the variety of activities provided and explained that there were no rigid plans for activities as they would frequently need to be adapted depending on peoples mood and preferences. We saw people engaged in activities such as armchair exercises and sat in a group reading newspapers. The registered manager told us that people were actively involved in the garden. We saw that there were raised planters to aid access for people.

Peoples feedback was sought to improve the service. Feedback from relatives and people included, "We would be able to raise complaints. They send forms now and again asking for our views." A survey of people and relatives views had been undertaken. The registered manager was in the process of analysing this information to see if there needed to be any improvements in the way the service was delivered.

Concerns and complaints were managed appropriately. The management team told us that no complaints had been received in the previous 12 months. Staff told us that they would try and resolve any minor compliant or concern at the time it was raised. They said they would refer significant concerns that they were unable to resolve to the management team.

Good

Is the service well-led?

Our findings

Staff told us that they were confident in the management and leadership of the home. Staff told us they felt able to raise concerns with the management team and were confident that action would be taken as a result. Staff were aware of other agencies they could contact if they were concerned about the safety of people and if they were worried the provider had not taken action to protect people from abuse. Staff identified the local authority, police and Care Quality Commission as organisations they could speak with about concerns.

The management team were visible within the home. The main office was not directly attached to the main property. However, we saw the management team spent time in the main accommodation speaking with people and staff. Staff told us that the management team occasionally worked shifts and there was a member of the management team present every day including weekends. Feedback from people and relatives included, "The leadership is very good." A visiting healthcare professional commented, "Care management is excellent."

Staff described how proud they were of the care provided and the homely environment the service provided. The registered manager told us they encouraged staff to challenge practice and promoted an open culture. The registered manager said that they offered peoples relatives access to their care files where this was appropriate.

The service maintained links with the local community. The registered manager told us that the local vicar visited the service at least once per month to support people with their spiritual needs. The service had also had a number of parties such as a Christmas party and a summer BBQ which people and those significant to them attended.

The registered manager told us that they monitored the quality of the service using a variety of means. They considered that direct monitoring through observation was effective in highlighting issues and addressing them at the time. They described listening to feedback from people and staff alongside monitoring of staff turnover and sickness as ways of monitoring the quality of the service. We saw that a survey of staff and stakeholders had been undertaken and the registered manager was in the process of reviewing the results.

Incident and accident information was recorded and the deputy manager reviewed this on a monthly basis looking for trends. We saw that monthly analysis was attached to incident forms breakdown incident and accidents into categories, such as slips, trips and falls.

The management team had identified areas of responsibility. For example, one member of the team was responsible for the management of medicines, another was responsible for annual appraisals. Staff told us they received feedback from the management team. For example, one staff member described feedback from a medicines audit.