Care Quality Commission

Churchcrest Limited

Heathlands Care Centre

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

At the previous inspection of this service in October 2013 we found areas of non-compliance which we found had been met during the course of this inspection. The areas of previous non-compliance included Regulation 17 Respecting and involving people who use services, Regulation 9 Care and welfare of people who use services and Regulation 20 Records. This inspection was unannounced.

Heathlands Care Centre provides accommodation for up to 84 older people who have dementia care needs. The home is located in a residential area and accommodation was on three floors. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

People told us they were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of issues related to safeguarding vulnerable adults. People knew the procedures for reporting any concerns and had confidence the manager would respond appropriately to any concerns raised.

Systems and processes were in place to protect people from foreseeable harm, and act on concerns in order to keep people safe. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. We found there were nine DoLS authorisations in place and staff had received training on DoLS. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS.

No concerns were raised about the staffing levels and the manager told us staffing levels were reviewed monthly and adjusted accordingly to the dependency levels of people who lived at the home.

During the course of our inspection we looked at various records. These included care plans, risk assessments, policies and procedures and minutes of various meetings. We found records to be accurate and up to date. We found people's care records were stored securely.

We saw the home followed safe recruitment procedures which meant people were kept safe as suitable staff were employed.

There was a range of activities available which people could chose to join in with. Staff displayed care and kindness with people and treating them with dignity and respect. People, relatives and other health professionals spoke positively about their relationships with staff.

People were able to make choices in relation to their daily lives, for example choosing what they wanted to eat and staff respected these wishes. Relatives we spoke with told us they were able to make their views known about the care and support provided for their relative. However the majority of the people were negative about the food. We found that people were not always protected against the risks associated with dehydration. We observed drinks were not always offered.

Staff were up-to-date with a range of core training and received regular supervision and support. Staff told us they felt supported by the manager.

People's needs were assessed and care and support was planned and delivered to meet people's individual needs. Care plans contained personalised information to ensure staff knew how to support people and meet their needs. Staff were familiar with people's individual needs and their key risks.

Staff, people, relatives and other health professionals told us they found the manager to be approachable and accessible and we observed an open and relaxed atmosphere in the home. Quality assurance systems were in place which included seeking the views of people that used the service.

Summary of findings

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. People were protected from the risk of abuse. This was because staff had a good understanding of their responsibility with regard to safeguarding vulnerable adults and of the need to report any allegations of abuse The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS.

Good

Is the service effective?

The service was not always effective. People were able to make choices about what they ate and they told us they had sufficient amounts to eat and drink. However some people did not like the quality of the food and we saw that drinks were not always offered to people.

People said they were happy with the level of care and support they received. Care plans were in place which showed staff had assessed people's care needs and clear instructions were in place to allow staff to meet these needs through delivering appropriate care and support. There was evidence people's preferences, likes and dislikes had been obtained so staff could deliver personalised care.

People were supported to maintain good health and had access to healthcare services. People told us they had access to healthcare professionals such as doctors.

Requires Improvement

Is the service caring?

The service was caring. People confirmed to us that staff were caring and told us they were happy with the care that staff provided. We found staff to be caring and kind to people who used the service, treating them with respect.

Good

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's needs. We saw that these were subject to regular review so that they reflected people's needs as they changed over time. There was a range of activities available which people could choose to join in with. The home had a complaints procedure in place and we found the manager responded appropriately when a complaint was raised with her during the course of our inspection.

Good

Is the service well-led?

The service was well-led. People who used the service and relatives praised the manager and said they were approachable. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor the quality of care and support in the home.

Good

Heathlands Care Centre

Detailed findings

Background to this inspection

We visited the home on 22 & 24 July 2014 and spoke with 14 people living at Heathlands Care Centre and nine relatives. We also spoke with the head of care, five nurses, two care assistants, the activities assistant, the cook, domestic assistant, human resources assistant, the deputy manager and the registered manager. After the inspection we spoke with the community matron for the home and the DoLS co-ordinator for the local authority. We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms and bathrooms. We looked at eight care files, staff duty rosters, five recruitment files, a range of audits, complaints folder, minutes for various meetings, resident and staff surveys, staff training matrix, accidents and incidents folder, safeguarding folder, four supervision files for staff, activities timetable, health and safety folder, food menus, and policies and procedures for the home.

The inspection team consisted of an inspector and an Expert by Experience, who had experience with older people with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. We also had a specialist advisor for older people and dementia.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the home, this included the last inspection report for October 2013 where we had found the service not to be meeting the regulations. We looked at, notifications, safeguarding alerts and monitoring information from the local authority. We also spoke to the local authority contracts and commissioning team and the continuing care manager for the local borough.

At the last scheduled inspection in October 2013, the service was non-compliant with Regulation 17 Respecting and involving people who use services, Regulation 9 Care and welfare of people who use services and Regulation 20 Records. An action plan was received from the provider on 4 December 2013 and it stated they would be compliant by 29 March 2014. During the inspection we checked whether the required improvements had been made.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

At our previous inspection of the service on 10 October 2013, we found that the service did not always plan and deliver care and treatment in a way that ensured people's safety and accurate and appropriate records were not always maintained. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

We spoke with people about their safety at Heathlands Care Centre. People told us they felt safe and did not have any concerns about their safety. One person told us, "I feel safe and comfortable here." Another person said, "I do feel safe." Relatives said they felt their family members were kept safe and were happy with the care they received. One relative said, "It's as safe as it can be and that's important to us."

We reviewed eight people's care files. Each file had a completed 'do not attempt resuscitation' (DNAR) form which was easily accessible at the front of the file. The forms were updated, signed and reviewed three monthly. We saw documentation that showed family members and the GP had been involved.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I would go to my manager if I had any concerns. If nothing was done I know about whistleblowing so I would go to the next level." Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. The manager told us and we saw records that showed there had been nine safeguarding incidents since the last inspection. They were able to describe the actions they would take if an incident did occur which included reporting to the Care Quality Commission and the local authority. We saw the majority of the safeguarding incidents were pressure sores of people who were coming back into the home from hospital admissions.

We saw that safeguarding and whistleblowing policies were available in the manager's office and in the nurse's station in each unit. Staff we spoke with told us they knew how to access these policies. The manager told us all staff were up to date with safeguarding training, which gave staff the skills to identify and act on allegations of abuse. We looked at training records which confirmed all staff were up to date with training.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is a law that protects people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager described the procedure she had followed in applying for a DoLS authorisation for a person previously living in the home. There were currently nine DoLS applications in place. We saw all of these applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process she would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. We spoke to the DoLS co-ordinator at the local borough who told us, "The manager is on the ball with DoLS applications."

We looked at the staff rotas for the four weeks prior to the inspection. The manager told us she calculated dependence scoring for the needs of people on a monthly basis and this determined staffing levels. Each of the five units had a nurse, senior health care assistant and a minimum of three health care assistants in the day. The night shift had four nurses covering the five units with two health care assistants on each unit. Additional care staff were provided for people that had been assessed to have 1:1 care. Our observations throughout our inspection showed that staff were readily available for people. We observed lunch being served in the dining rooms of three units on the day of our inspection. We saw that lunch was served promptly and people did not have to wait long. There was enough staff to help people who needed assistance with eating. We observed people being assisted with their lunch in the lounge areas and bedrooms. One staff member told us, "I feel I have time to do my things and spend quality time with the residents."

During the course of our inspection we looked at various records. These included care plans, risk assessments, policies and procedures and minutes of various meetings. We found records to be accurate and up to date. We found

Good

Is the service safe?

people's care records were stored securely in the nurse's stations on each unit. The nurse's station had an electronic key pin pad and we saw these rooms were locked when not occupied so that personal information about people was kept secure.

We looked at five staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed.

These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. All nurses who practice in the United Kingdom must be on the Nursing and Midwifery Council (NMC) register. Records showed that nurse's registration was up to date.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the level of care and support they received. One person said, "It is very good here. I have people to help me." Another person commented, "I like it here." One relative told us, "We're very happy, we're very lucky finding such an excellent place." Another relative said, "It is very nice. I would like to live here."

A staff member showed us the training matrix which covered training completed and future training. We saw that the majority of the staff had completed the core training. The staff member told us they run a monthly report which will show what training is due to be completed for each staff member. One staff member told us, "It is very consistent with training here. They tell you when you are due again for training." Staff told us they received a range of training such as moving and handling, dementia awareness, first aid, nutrition and safeguarding of vulnerable adults. Staff told us the training was provided internally and externally and always in a classroom environment.

Staff we spoke with told us they felt supported by the manager of the home. Nurses that we spoke with told us they received managerial and clinical supervision from the manager and the deputy manager, who were both qualified nurses, on a three monthly basis. We saw discussions were logged in a supervision log book and signed by both parties. The health care assistants, cook and domestic assistant told us they received supervision on a regular basis and we saw records to confirm this. All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

People told us they received enough to eat and drink. However, the majority of the people we spoke with were negative about the quality of the food. One person told us, "I don't like the food. It's all stews and it's greasy. I don't like it." Another person said, "The food's alright, but the cooking is atrocious." However one person told us, "The food is excellent. They asked me what food I liked."

We found that people were not always protected against the risks associated with dehydration. On the day we inspected it was a very warm day. We observed drinks were not offered between the breakfast period and lunch in one of the lounge areas. When we observed lunch in two of the dining rooms we saw that people were not offered drinks before or during lunch. However, people were given drinks when they asked. We observed four people who were unable to communicate and three of those people were given drinks at the end of the meal. One person who was unable to communicate did not receive a drink at all over the lunch period. We saw people in their rooms had drinks available to them throughout the day.

Care records showed an assessment of people's nutrition and hydration needs was carried out and dietetic advice was accessed when required. We saw the dietician had been involved with a person who had lost weight over a two month period. The care records provided information about how this person's dietary needs should be met which included their weight being monitored.

The cook showed us the menus which were devised on a four weekly rota and offered a choice of meals. The menus were displayed in each dining room on the wall and also on each table. The cook told us that staff would speak to people the day before to find out what food choices they wanted for the next day. We saw staff in the lounges sitting with people showing them pictures of food choices for the next day. Staff waited patiently for a response and listened to what people had to say. The cook showed us completed forms of people's choices for that day. The cook had a good knowledge of people's likes and dislikes and had a good rapport with people. One person told us, "If I ask for something else they will make it for me." One relative told us, "The cook is very kind to my relative. If there is something on the menu she doesn't like they will change it."

People were supported to maintain good health and had access to healthcare services when required. One relative told us, "The staff initiate a doctor's visit if necessary. And if I see something I don't like I call the nurse in and ask for a doctor to come and have a look." Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, chiropodists, opticians and dieticians. We saw from the records that when the needs changed staff made appropriate referrals to the chiropodist and a dietician for example. We spoke to the community matron for the home. The community matron told us, "The home is very good at making referrals for example to a speech and language therapist or a physiotherapist."

Good

Is the service caring?

Our findings

At our previous inspection of the service on 10 October 2013, we were concerned that the service did not always take into account people's views and experiences. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

We found that the staff sought to involve people in planning their care and making choices over their daily lives. We looked at one of the care files with the person it related to. They were able to confirm they had been involved with the planning and the service was responsive to their needs. For example, this person's care plan stated they would like a minister to visit them and the person confirmed this did happen. Care plans were written in the first person and included details on the choices and preferences of people which included likes and dislikes and on their personal life histories. Documentation reviewed reflected on-going involvement from both residents and their relatives in the design and planning of care. For example, one person's care file stated what soap they liked to be washed with and how they liked to have their shirt buttoned up. One staff member told us the family were involved in the development of that care plan and they reflected what was stated in the care plan. One relative told us, "When my father came here I had a meeting with staff to find out his dietary habits and his previous occupation." Another relative told us, "They altered the care plan until we were happy and then we signed it."

People told us that staff were caring and happy with the care being provided. One person told us, "The care is wonderful. Oh they know what they're doing." Another person said, "It's lovely. The carers are lovely ." The community matron told us, "The staff are caring. They take time with people. Myself and the GP observed a staff member encouraging someone to eat with kindness and understanding. It was very nice to see."

Care plans were in place which showed staff had assessed people's care needs and clear instructions were in place to allow staff to meet these needs through delivering appropriate care and support. The care files were easy to access and well organised. Staff told us they found the care plans gave them information they needed to know to make sure people received the care in the way they preferred.

We saw that people were respected by staff and treated with kindness. We observed a staff member making the bed of a person while she sat in an arm chair watching them. After a few seconds the person stood and helped the staff member make the bed together. We also observed during the lunch period a person who was unable to communicate being supported by a staff member with their meal. The staff member held the person's hand, and encouraged them to grab a spoon and then helped them with the motion of bringing the spoon to their mouth, and repeated this exercise another two or three times. From then onwards, the person was able to continue and to finish their meal on their own.

Good

Is the service responsive?

Our findings

At our previous inspection of the service on 10 October 2013, we found that the service did not always maintain and promote people's wellbeing by providing social and daytime activities. During this inspection we checked to determine whether the required improvements had been made.

On the day of our inspection we found progress had been made on providing social and daytime activities every day. The home had three activities assistants which covered the service over seven days. The home was in the process of employing an activities co-ordinator. We saw the most recent activities schedules which included activities for the seven day period. Activities included sensory games, reminiscence sessions, massage, gentle exercise, music therapy, gardening, arts & crafts, and puzzles and games. On the day of our inspection the schedule included pampering sessions, hand massage and gardening. Throughout the day we saw the activities assistants sitting with people giving hand massages, watering plants in the garden and pampering sessions which included people getting their nails painted. We saw there was constant interaction between the staff and people. For example, staff were sitting with people playing puzzles and games. In the afternoon a birthday party was organised for one of the people which included other residents and their families. One person using the service told us, “Someone comes regularly to help do muscle strengthening exercises.” The community matron said, “I have seen activities and I was impressed. They have games and entertainment. The home has people to provide activities and they involve people.”

Care plans were reviewed monthly by the staff. A range of assessments were in place which provided information to staff on how to support people. Specialist assessments were in place where people had specific risks, for example one person who was registered blind had a risk assessment by a community eye specialist. Assessments contained detailed information for staff which included multi-disciplinary meetings. We saw daily records that evidenced updates were being recorded as stated in the risk assessment.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. We saw minutes of residents' meetings that showed topics on activities and future plans for the home. We also saw relatives minutes which included topics on activities, the role of the key worker, care plans, family involvement and an update on staffing. Both meetings were held every six months. One relative told us, “We have a relatives meeting every six months.”

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey was conducted in October 2013. Of the 74 surveys were sent out and they received 25 responses. The survey covered four topics which were environment and surroundings, day to day experiences, staffing and wellbeing. Overall the results were positive. Feedback comments on the survey included, “happy with the staff”, “it is a really lovely care home”, “my dad is well cared for” and “I could not be happier with the care”.

The service had a complaints procedure. We looked at the complaints received since the previous inspection. The home had eight formal complaints recorded. We saw that complaints had been dealt with and the service informed complainants about the outcome or any delays to the expected timescale in line with the service’s complaints procedure. The records showed that people's complaints were fully investigated and resolved, where possible, to their satisfaction. Records included with the formal complaints were invitations to meetings, meeting minutes, and emails and letters to the complainants of the outcome. We also saw written replies to the outcome of the complaint where people were happy with the outcome of the investigation.

The home had a suggestion box in the reception area. On display with the suggestion box were previous suggestions and the outcomes. For example, one person had suggested more stimulating activities and parties for people. The home had displayed the new activities schedule with a list of previous and upcoming parties held for people such as Valentine’s Day and St Patrick’s Day.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The manager worked with staff overseeing the care given and providing support and guidance when needed. Our discussions with people who lived in the home, relatives and staff, and our observations showed the manager demonstrated good leadership. Most relatives we spoke with felt the home was well run and praised the manager. All the staff we spoke with praised both manager and deputy manager for their roles at Heathlands Care Centre. One staff member said, "The manager is a good manager. Tough, firm and straight forward. She will always help you." Another staff member told us, "I think the manager is ok. The home is pretty well run." The community matron told us, "The manager is fair, straightforward, kind and understanding. She has a caring head and a business head."

We spoke to staff about staff meetings. One staff member told us, "We have a unit meeting to talk about any concerns, staffing issues, and day to day running." We looked at a variety of staff minutes for different units and staffing levels which included the head of departments, activities assistants, domestic staff, nursing staff and unit meetings. Topics included relative's surveys, quality audits, health and safety, training, induction, accidents and incidents, activities and care planning. The home had a whistleblowing policy which was available to all staff. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The manager had told us the provider had recruited two compliance lead people to do a variety of monthly audits on the home. For example, we saw records of audits on medication, safety and suitability of premises, complaints, accidents and incidents, DoLS and safeguarding. Any actions from the monthly audits would be part of a master action plan for the home. The manager was able to highlight areas that needed improvement. For example, the manager told us activities had improved; however, they were still in the process of recruiting the activities co-ordinator. The manager was able to explain where the home was with the recruitment process and how the activities assistants and herself were covering that position. The manager told us she had a meeting every two months with the director of the service, human resources lead person and the two compliance lead people to discuss any actions and concerns. We saw minutes of these meetings. Senior staff also completed monthly audits on care plans. We saw records of where concerns had been recorded and actions completed. For example, one care plan did not have a named key worker recorded, and no signature for weight recording. We saw the actions had been completed, dated and updated in the care plan. We also saw a range of regular audits which included various fire safety audits and checks, fridge temperate checks, and water temperature checks.