

Heathfield Healthcare Limited

Heathfield Residential Home

Inspection report

Canterbury Road
Ashford
Kent
TN24 8QG

Tel: 01233610010
Website: www.heathfieldcarehomeashford.com

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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

Heathfield Residential Home is a residential care home providing accommodation and personal care to up to 35 older people in a large adapted building. At the time of our inspection there were 32 people using the service.

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

People told us they felt safe living at the service. Potential risks to people's health and welfare had been assessed, there were risk assessments and guidance for staff in place to mitigate the risk. Accidents and incidents had been recorded and analysed to identify any patterns or trends and to assess if action taken had been effective. Checks had been completed on the environment and equipment people used to make sure people were as safe as possible.

People were supported by staff who had been recruited safely. There were enough staff to meet people's needs, staff had received training appropriate to their role and received supervision to develop their practice. There were effective systems in place to monitor the quality of the service. Action had been taken when shortfalls had been identified.

Medicines were managed safely. People were referred to healthcare professionals when their needs changed, and staff followed the guidance provided. People were supported to express their end of life wishes, staff worked with healthcare professionals to support people at the end of their lives.

People were supported to eat and drink a balanced diet to stay as healthy as possible. People were supported to be as independent as possible. Staff supported people to take part in activities they enjoyed, spend time with their relatives and take trips out.

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. People were treated with kindness and compassion and encouraged to be as independent as possible.

There were systems in place to protect people from abuse and discrimination. People, relatives and staff were asked for their opinions of the service and action was taken to make improvements. Complaints were recorded and investigated. The registered manager had apologised when things had gone wrong.

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 requires improvement (published 15 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this

inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service showing the service may have improved.

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.

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.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Heathfield Residential 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 completed by 1 inspector.

Service and service type

Heathfield Residential 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. Heathfield Residential 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 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 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 (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 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, quality compliance manager, operations director, carer, senior carer and activities co-ordinator.

We reviewed a range of records. This included 6 care plans, medication and safety records. We looked at three staff files in relation to recruitment and staff supervision.

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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to maintain accurate records for people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, people's care plans had not been updated when their needs had changed, and risks had not always been identified. At this inspection improvements had been made, potential risks to people's health and safety had been assessed and there was guidance for staff to mitigate risk. The provider was changing the system they used to record people's care plans and care received. During the inspection we reviewed both the versions of the care plans.
- Some people were living with diabetes, there was clear guidance for staff about how to recognise when people were unwell and what action they should take. When people were living with epilepsy and may experience seizures. There was a clear description of how the seizures would present, what action the staff should take and when medical help should be called.
- When people were prescribed blood thinning medicines, there was guidance for staff about the side effects they should be aware of. There was guidance for staff about the action they should take if the person falls and hits their head. Some people required assistance to move around the service safely. When people required a hoist, staff had guidance about the type and size of sling and how the sling should be positioned. During the inspection, staff assisted people to move around the service safely.
- Checks and audits had been completed on all areas of the service and equipment used by people to make sure they were safe. Staff completed regular checks on the fire equipment and water temperatures, to help prevent scalding.

Using medicines safely

At our last inspection the provider had failed to maintain accurate records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, records of the medicines in stock were not accurate. At this inspection, records were

now accurate, the medicines in stock were correct and people had received their medicines as prescribed.

- People were prescribed 'when required' medicines such as pain relief and medicines for anxiety. There were protocols in place about when to give the medicines, how often and what the effect should be. Some people had additional 'when required' medicines for anxiety or pain relief if the first medicine was not effective. There were protocols in place, but these had not been linked together to make sure staff were aware there were two medicines available. Staff described clearly how they gave both medicines and when. Following the inspection, information had been added to these protocols to make sure staff were aware.
- There were effective systems in place to order, store and administer medicines. Staff received training and their competencies were checked regularly. The registered manager completed regular audits and the pharmacy had completed yearly audits.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify patterns and trends. When people had fallen more than once, these were investigated, and action taken to reduce the risk of these happening again. People had been referred to the falls clinic and received antibiotics when there had been an infection. Records showed these actions had been effective and people's falls had reduced.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to keep people safe from abuse and discrimination. People told us they felt safe living at the service. Staff had received training and were able to describe the signs they would look for if people were being abused. Staff knew how to report concerns and were confident the registered manager would take the appropriate action.
- The registered manager understood their responsibility to report concerns to the local safeguarding authority and to take appropriate action. The registered manager had worked with the local safeguarding authority to keep people as safe as possible.

Staffing and recruitment

- People were supported by staff who had been recruited safely. New staff completed application forms providing a full employment history. Checks on the conduct of staff in previous social care employment had been completed and previous employers had been spoken with to verify the reference. Disclosure and Barring Service (DBS) checks had been completed and provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs, people and relatives confirmed this. One person told us, "They come when I call and are always there to help." There was a core team of staff and regular agency staff were used to cover any gaps. Staff told us, there were enough staff, when there was sickness the registered manager would help to support people. During the inspection, staff spent time with people and bells were answered quickly.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visitors were welcomed at the service, relatives told us they were able to visit when they wanted and spend time with their loved one. People told us, they enjoyed going out with their families to events and shopping.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 before they moved into the service, to check staff could meet their needs. The assessments covered all areas of people's lives, including protected characteristics under the Equalities Act 2010, such as sexual orientation.
- People's needs were assessed using recognised tools following national guidelines. People's nutritional needs and skin integrity had been assessed and the guidance from the tools were followed.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff told us they had access to online and face to face training. The provider had an inhouse trainer to oversee the staff training. The registered manager completed audits to identify if staff had not completed or refreshed their training as needed.
- Staff competency was regularly checked, this included hand washing, medicines and moving and handling. There was a system in place to ensure staff completed an induction and their competency was checked before they worked themselves.
- Staff received regular supervision where they discussed their practice and training needs. Staff told us they found this useful and had a personal development plan, which was reviewed regularly, to make sure they were improving their skills.

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

- People were supported to eat and drink well. One person told us, "There is plenty of food, we can have something to eat from the minute we wake up." People told us they enjoyed the food and always had plenty of choice. The lunchtime meal was a social occasion, people were offered a choice of drinks including wine. The food looked appetising and people had different meals according to their likes and dislikes. The main meal was a Chinese dish and prawn crackers had been included. One person told us, "Just like a proper Chinese meal."
- Some people required a modified diet or thickened fluids to eat and drink safely, this was discussed at regular nutrition meetings. Care and kitchen staff were aware of people's needs and people's meals and drinks were prepared as required.

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

- Staff monitored people's health and referred people to healthcare professionals when their needs changed. Staff referred people to the GP or out of hours GP when needed. One relative told us, staff had

worked hard to make sure their relative had an appointment at the weekend, when they were in pain.

- When people had been identified as losing weight, they had been referred to the dietician and staff gave people their prescribed nutritional supplements. Staff referred people to the Speech and Language Therapist when they were coughing while eating or drinking, to keep them safe.
- People were supported to attend healthcare appointments. One person told us staff took them to the surgery for blood tests. People had access to the optician, chiropodist and dentist for example, staff had supported a person to see the dentist when they had pain and had trouble eating.

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

- The design of the service met people's needs. The corridors were wide, and people were able to mobilise easily with their walking aids. There were signs in place, so people were able to find their way around the building. The registered manager told us, they were going to put memory boxes outside people's doors so they could decide what photos they wanted to display, to easily recognise their room.
- The environment had been adapted following best practice guidance for people living with dementia, for example, toilet seats were a different colour. This helped people distinguish the toilet easily compared to the toilet being all white.
- People's rooms were personalised with their own photos, pictures and bedding.

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.

- Some people had a DoLS authorisations in place. When there were conditions in place these had been met.
- When people had been assessed as not being able to make complex decisions, best interest decision meetings had been held. Staff had included health professionals and people who knew the person well. These decisions were recorded in people's care plans and there was guidance for staff such as when it had been decided it was in a person's best interest to have their medicines administered covertly.
- Staff supported people to make day to day decisions such as how they wanted to spend their time, what they wanted to eat and clothes they wanted to wear. Staff listened to what people had decided and respected their decisions. Staff supported people to spend time in the lounge or go back to their room when they wanted time by themselves.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People were treated with kindness and compassion. Staff knew people well and their choices and preferences. Staff knew how to respond to people when they expressed emotional distress. One person was upset and confused, staff asked them if they would like to speak to a relative on the phone. Staff phoned the person's relatives and supported the person to speak to them. After the phone call, the person was reassured and thanked staff.
- Staff respected people's choices, people were supported discreetly in the communal areas. Staff anticipated people's needs and provided words of support and encouragement when people were mobilising.
- Staff knew about people's backgrounds and life histories. Staff respected people's religious choices and relationships.

Supporting people to express their views and be involved in making decisions about their care

- Staff responded appropriately to people when they observed different actions and behaviours. When people were unable to express themselves verbally, staff understood non-verbally cues.
- People's care plans had been developed with people where possible. Families had been involved if people were unable to. There were records of how decisions had been made if people were unable to.
- People were encouraged by staff to express their views. People told us, they attended the GP surgery and hospital for appointments.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, people and relatives confirmed this. People were supported to walk with their walking frames and eat their meals independently.
- Staff were seen respecting people's privacy. Staff knocked on people's doors and waited to be asked in. People were supported to go to their rooms when receiving support.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People's care plans contained details of their preferences and choices. Care plans had been developed with people and their families, they had been asked to complete a document about themselves and their lives before coming to live at the service.
- People told us, staff knew them well and always supported them how they preferred. People were seen being supported to their favourite seat and offered them their favourite drinks and meals.
- When people were not able to consistently express their preferences verbally, staff knew how they liked to be supported. Staff anticipated people's needs and people smiled at staff to show they were happy.

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.

- People received information in the way they could understand, information was provided in pictorial form.
- There were message boards around the service with information in different formats including large print. The operations director told us, they had access to different formats if people had specialist needs.

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

- People were supported to take part in social activities of their choice. There were two activities co-ordinators working at the service, they provided support over 7 days. People were given the opportunity to take part in different activities including arts and crafts. One person told us, they were taken in their wheelchair to the local shop and supermarket to buy their little extras such as toiletries.
- The activities co-ordinators spent time with people in their rooms, if they did not want to spend time in communal lounge. During the inspection, Valentine Day meals had been arranged, over 3 days people had invited their relatives' lunch or teas in the conservatory. The room had been decorated and people were able to spend time with their families. One person told us they had decided they would like a take-away and their family had brought this in for them. Another person had attended a dementia café and enjoyed meeting people and dancing at the disco.
- People told us they enjoyed having their nails painted and visits from the hairdresser. One person told us, they liked looking nice for their visitors. People enjoyed spending time together and had formed friendships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The registered manager had recorded any complaints received including verbal complaints. These had been investigated and people had been told the outcome quickly. The registered manager had apologised when things had gone wrong.
- People and their relatives told us they knew how to complain. They were comfortable raising concerns with the registered manager and were confident action would be taken. One person told us, "I say to staff if anything is wrong and they always sort it out."

End of life care and support

- People had been asked about their end of life wishes and these had been recorded. Some people had decided to have a Do Not Attempt Resuscitation order put in place. People had anticipatory care plans, these had been agreed with people, their families and healthcare professionals.
- When people's needs changed, staff made sure 'just in case' medicines were available, to be used when people needed them. Staff worked with the GP and district nurses to support people at the end of their lives.

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 Requires Improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulations 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Previously the systems in place to monitor the quality of the service had not always been effective. At this inspection, there was now an effective system in place to monitor the service. The registered manager and staff completed regular audits on all areas of the service. When shortfalls had been identified, an action plan had been put in place to rectify the issue. One audit identified a fire drill was needed, this was then completed within the month.
- The registered manager held regular meetings with staff to discuss the outcomes of audits such as the medicines, nutrition and falls prevention. The meetings decided what action should be taken and if previous action had been effective. For example, staff had identified 1 person had not been eating well and it was identified this was because of painful teeth. A dental appointment was arranged, and treatment received, resolving the issue.
- The registered manager completed spot checks on staff to make sure they were providing the quality of care required. Staff competencies were checked including practical moving and handling and hand washing.
- The compliance manager completed a monthly audit of the service. They provided the registered manager with an action plan each month, this was completed and signed off before the next audit, when it was checked.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People told us the culture had continued to improve at the service. One person told us, they felt more in control as they were able to go out with staff and enjoy time away from the service. Others told us, they felt comfortable with staff and their confidence had improved. People cared for others and vocalised their

concern and support for them when they were walking and talking with staff.

- People, relatives and staff told us the registered manager was approachable. People recognised and chatted with the registered manager and appeared comfortable with them. Relatives told us, the registered manager was approachable and knew their relative well.
- The registered manager had apologised to people and relatives when things had gone wrong, when complaints had been made and these had been upheld, changes had been made to reduce the risk of them happening again.
- The registered manager had submitted notifications to inform CQC of significant events that had happened within the service as required.

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

- People, relatives and staff were invited to regular meetings to discuss the service and to make suggestions about improvements. People and relatives had discussed what activities they would like introduced and menu choices, which had been put in place such as relatives being able to join a meal. Meetings had discussed the changes at the service such as staff changes and home improvements.
- Quality assurance surveys were sent out every 6 months, to people, relatives and staff. These had been analysed and an action plan put in place to act on suggestions. People and relatives had asked to be more involved in care reviews and care planning, this had been put in place and evidenced in the new care plan format.

Working in partnership with others

- The registered manager kept up to date with changes within adult social care by being in groups with other registered managers and the local authority.
- The registered manager and staff worked with healthcare professionals, such as clinical specialists and the local authority.