Care UK Community Partnerships Ltd

Addington Heights

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 on 20 February 2018 .

At our last inspection in January 2017 we found that the provider was in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009 because the registered manager had not notified CQC in a timely manner where Deprivation of Liberty Safeguards (DoLS) were in place. At this inspection we found that the registered manager had promptly forwarded notifications to CQC when DoLS were authorised by the Local Authority to keep people safe.

Addington Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to 50 people in one adapted building which is separated into five units that can accommodate up to a maximum of ten people. These units are self-contained and each have their own lounge and dining areas. 46 people were living at the service at the time of our inspection.

The service had a registered manager in post. 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 were safe living in Addington Heights. Staff assessed and reduced risks to people and were trained to protect people from abuse. The provider used robust recruiting practices to ensure people were supported by safe and suitable staff. People received their medicines safely and the care home was clean and hygienic. Staff regularly rehearsed their planned response to an emergency at the service which included fully evacuating the building. The registered manager deployed staff in sufficient numbers to ensure people received their care safely and as planned.

Trained and supervised staff assessed people's needs. People were served nutritious food and received the support they required to eat safely. Staff supported people to access healthcare services whenever they needed to and ensured people received care in line with the Mental Capacity Act 2005. The environment of the service supported people's mobility needs.

People received their care and support from kind and caring staff. Relatives were made to feel welcome and they observed warm relationships between people receiving care and the staff who provided it. People's spiritual and cultural needs were met and they were supported to make decisions. Staff maintained people's privacy and promoted their dignity.

People's care was personalised and staff maintained up to date and accurate electronic care records.

People's changing needs were identified and met. People were supported to participate in a range of activities and quiet areas offered privacy and calming views. People were supported with compassion during their end of life care.

The registered manager oversaw detailed quality assurance checks and used the findings from these to address shortfalls. The service had an open atmosphere and the views of people, their relatives and staff were sought to shape care delivery. The service developed links in the community and worked closely with other organisations in people's best interests.

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 continued to be rated Good in this key question.

Is the service effective?

Good

The service continued to be rated Good in this key question.

Is the service caring?

Good

The service continued to be rated Good in this key question.

Is the service responsive?

Good

The service continued to be rated Good in this key question.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in post.

Robust quality assurances processes were in place.

The provider gathered and acted upon the views of people, their relatives and staff.

The service worked cooperatively with other organisations to achieve positive outcomes for people.

Addington Heights

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 checked 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 20 February 2018. It was undertaken by one inspector, one nursing specialist advisor and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 17 people, five relatives, six staff, the deputy manager, registered manager and regional manager. We also met with two work experience students from a local college. We read 10 people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We reviewed the recruitment records of 6 staff. We also read the records of 17 staff supervision meetings and six staff appraisals. We reviewed the provider's quality assurance audits as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted six health and social care professionals for their views regarding the service.

Good

Is the service safe?

Our findings

At our last inspection of the service we found that the provider kept people safe. At this inspection we found that people continued to feel safe and the rating for this key question remained Good. People told us the staff treated them well and relatives expressed confidence in the safety of people living in Addington Heights. One relative told us, "My [family member] is safe, completely safe. None of her clothes go missing and I trust the staff." Another relative said their family member was, "Very, very safe and well cared for."

People were protected from improper treatment including neglect and abuse. The registered manager ensured that all staff received training in safeguarding people and all of the staff we spoke with were clear about their duty to immediately report any concerns that a person may be at risk of abuse. The registered manager reported safeguarding concerns to the local authority and the provider cooperated with subsequent enquiries.

The service took action to avoid the possibility of people experiencing foreseeable harm. Staff assessed people's risks and put plans into place to reduce them. For example, where people were at risk of pressure ulcers staff followed risk management plans to protect their skin integrity. This included the application of barrier creams, regular repositioning, the use of body maps and referrals to tissue viability nurses. Similarly, where people presented with swallowing difficulties staff made referrals to speech and language therapists who assessed people's swallowing and provided staff with guidelines to support people to eat and drink safely. This included adding thickening agents to drinks and pureeing foods. This meant people were protected from risk of avoidable harm.

People were protected against risks associated with their care and support being delivered by unsuitable staff. The provider ensured people's safety by conducting appropriate pre-employment checks. These included reviewing the applications of prospective staff and conducting interviews. Prior to beginning work at the service the provider took up two references to confirm people's employment history and conducted checks against criminal records and lists of people barred from working with potentially vulnerable people.

Staff were present and available in sufficient numbers to keep people safe. One relative told us, "You could not fault them, [staff are] around all the time." When people were in their bedrooms they had access to conveniently located call bells. People told us staff came quickly when call bells were activated. One person told us, "They come when I press my call bell" Another told us, "You don't have to wait too long." This meant there were enough staff available to respond to people's needs in a timely manner.

People received their medicines safely. Nurses and team leaders signed people's medicines administration record (MAR) charts to confirm people had received their medicines in line with the prescriber's instructions. Medicines were stored safely and securely and regular checks were undertaken of stocks, MAR charts and the temperatures at which medicines were stored. Additional monthly audits were undertaken by a pharmacist and medicines were reviewed by GPs from a local supporting practice.

The service had plans in place to protect people in the event of an emergency. People had individualised

emergency evacuation plans. These detailed the support people required to safely exit the building. Fire alarms, fire detection devices and firefighting equipment were regularly tested by staff and specialists. Team leaders on each floor carried walkie-talkies to enable senior staff to achieve an effective and coordinated staff response to an emergency. This included the full evacuation of the building.

People were protected from the risks associated with unhygienic environments and personal care practices. The provider oversaw a contractor which was responsible for the cleanliness of the service. Both the contractor and the provider carried out audits of the nursing home's environment. Staff wore personal protective equipment (PPE) when supporting people with their personal care to reduce the risk of spreading potentially harmful bacteria. A relative told us, "Staff always wear aprons, very professional." We observed that staff wore PPE when about to support people with personal care. We did not see staff wearing aprons or gloves in communal areas.

Good

Is the service effective?

Our findings

People received effective, planned care which was based upon detailed assessments of their needs. People and their relatives participated in their needs assessments which were carried out by health and social care professionals and by the registered manager prior to admission. This was to ensure that Addington Heights had the ability to meet people's identified needs. People were supported with regular reviews of their needs and with reassessments when their needs changed.

People were supported to transition safely and effectively into the service. The provider's transition process included receiving, reviewing and updating the needs assessments carried out by social care professionals from local authorities. The registered manager and deputy manager visited people in their homes to complete the provider's needs assessment and care plan. The registered manager told us that from referral to resettlement into the service the process of transition usually took five days.

People received their care and support from staff who received on-going training. Staff completed online training courses in their own time in subjects including mental capacity, safeguarding adults, medicines awareness and dementia awareness. The provider also coordinated the delivery of face to face training to staff. This training included moving and handling, fire safety and first aid. The registered manager maintained an electronic record of staff training. This highlighted when staff had completed training, when it was scheduled and if refresher training in any area was overdue. This meant staff received the training they required to keep their skills up to date.

Supervised staff delivered care and support to people. Staff received quarterly supervision from their line manager. Supervision sessions invited staff to reflect on their practice and overall service delivery. This included discussion around, "What has gone well", "What did not go so well", and "What could be done differently." Staff told us, that supervision meetings were positive. Staff were further supported with a programme of appraisals which were reviewed mid-year. Appraisal meetings included an evaluation of care delivery, teamwork, communication and record keeping. Where there was an issue with aspects of staff performance this was monitored for improvements through supervision.

People ate well and enjoyed the food available. One person told us, "I like the food, always plenty of it." Another person told us the food was, "Very nice." A third person said, "There is always a choice." People were offered plated choices at mealtimes as well as the opportunity to make selections from a printed menu. People's nutritional needs were assessed and they received the support they required to eat. Care records stated where people required support to eat. Where required people's fluid intake and output were monitored and recorded. People with poor appetites were supported with supplements and fortified meals. We observed a mealtime on one floor to be a social occasion with people and staff talking and music playing in the background.

Staff supported people to access healthcare services whenever they required. The service received input from a supporting GP practice. The GP service undertook rounds at the service each week where people's health was reviewed. Additionally, the GP practice reviewed people's medicines each month. Staff

maintained records of people's healthcare appointments for review by the registered manager, clinical lead and healthcare professionals.

The environment of the service met people's physical needs. The care home was wheelchair accessible throughout. There were three lifts on each floor to enable people to move freely around the building. One lift was large enough to fit staff, emergency personnel and a person on a stretcher. Manual hoists were available for staff to support people to transfer. The service had recently been redecorated by the landlord and contrasting colours used to distinguish handrails and room entrances. However, the care home was painted the same pastel shades throughout. This could make it difficult for people with dementia to orientate themselves as to where in the home they were. The registered manager explained he was aware of this issue and was in the process of making the service dementia friendly. Pictures were due to be placed on doors around the care home to illustrate the purpose of the room. For example, pictures identifying the toilets, bathrooms, dining areas and activity rooms.

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. Where people were subject to DoLS to keep them safe the appropriate documentation was present in care records. This included capacity assessment, details of the restriction and the date on which the authorised deprivation expired. The registered manager notified CQC in a timely manner when DoLS had been authorised.

Good

Is the service caring?

Our findings

People and their relatives were positive in their comments about the caring way staff delivered support. One person told us, "The staff are so kind" Another person said the staff were, "Lovely people [who] cannot do enough." A relative told us, "I'm so impressed. Staff are so kind I have not got a bad word to say." Another relative said, "The staff are fantastic, professional, caring people."

Warm and positive relationships were shared between people and staff. A relative told us, "It may sound funny to say this but I truly believe that the reason my [family member] has lived this long is because she feels loved and care for by the staff here. I am deeply grateful to them." Staff knew people well and were able to share with us information that was present in care records about people. Care records contained people's social histories which provided staff with information people felt was important in their lives.

People's spiritual needs were met. The service maintained a relationship with a number of faith organisations. Christian worship took place at the service with Catholic and Church of England services taking place on alternate Sundays. Staff supported people to attend when they chose to.

People's choices were respected. Staff enabled people to make choices and decisions about their care. People told us they chose when to get up and to go to bed, how they received their personal care and what they wore. One person told us that staff helped them hang their clothes in their wardrobe in a specific order that was important to them and made sure that the correct jewellery was available to accessorise each outfit.

Staff protected people's privacy. Staff knocked on people's bedroom doors and waited for people's consent before entering. People's care records at staff stations on each floor, in their bedrooms and in the office were stored discreetly to ensure the confidentiality of people's personal information.

Relatives told us they were made to feel welcome whenever they visited Addington Heights. One relative told us, "The staff couldn't make us feel more welcome when our family and friends visit. It doesn't matter when we come or which staff are here they are always lovely." Another relative told us, "That is the beauty of here you are made to feel so welcome, just like being part of lovely family." Relatives visited whenever they chose and the service did not place any restrictions on visitors.

Good

Is the service responsive?

Our findings

People received care and support that had been planned to meet their assessed needs. People and their relatives participated in the development of care plans and were involved in care plan reviews. People were supported using electronic care records. These contained large colour photographs of people and information including people's assessments, risk assessments, care plans, details about accidents and incidents. Specific health conditions were prominently highlighted. For example, where people presented with diabetes or allergies this was emphasised in red text. Contact information for relatives and healthcare professionals involved in people's care was also held on the system.

Staff monitored people's health and well-being and made twice daily entries into people's care records. The daily notes recorded by staff included, information about how people slept, ate and drank. Where people required closer monitoring and support this was noted in care plans and daily records. For example, when people required frequent repositioning to support their skin integrity regular time-stamped entries were made into care records. This information enabled the registered manager, clinical lead and visiting healthcare professionals to see that people were being supported in line with their care plans.

People's care records contained information which promoted person centred care. For example, care records contained information about people's lifestyles and interests. The provider was developing a 'My life story' element in people's care records. These described people's family lives, former work lives, what people enjoyed and the, "Important people in my life." This person centred information was used by the service to plan activities of interest to people.

People were supported to participate in activities on each floor of the service as well as outside when the weather permitted. Outside people planted seeds during gardening sessions. Indoors people engaged in reminiscence sessions, gentle exercise, bingo, arts and crafts and music groups. The service hosted coffee mornings, karaoke afternoons and movie nights. People were supported to celebrate special events. We saw photographs of people celebrating one person's well-attended 100th birthday party. People who chose to received pampering sessions. These included hand massages and fingernail painting. People were also supported with individual activities of their choice. For example, one person was supported to go to a local bookmaker each week. The service had two activity coordinators who were working to develop more activities for people who declined to join in group activities and for people who chose to remain in their rooms.

The service had a number of quiet areas for people who chose to sit in them. These offered uninterrupted views across green fields and commons through the service's floor to ceiling windows. People told us they enjoyed looking out through the windows. A relative told us, "It is truly wonderful. I love sitting here in this corner looking out at the uninterrupted view. Beautiful and peaceful. An excellent place." Another relative said, "I love the exposure to natural light through all these huge windows."

People receiving end of life care were supported with input from a beacon hospice service and the active involvement of healthcare professionals. People who required them had end of life care plans. These closely

monitored people's comfort to ensure they remained pain free. Care records noted people's spiritual needs and their preferences for support during the dying phase. This meant people were able to die pain free and in line with their wishes.

People and their relatives told us they understood the provider's complaints procedure and felt confident any complaint they raised would be properly addressed. One person told us, "I would discuss anything I am worried about with the manager." We found that complaints were investigated by the registered manager and responded to within 28 days in line with the provider's policy.

Good

Is the service well-led?

Our findings

At our last inspection in January 2017 we found that the provider was in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009 because the registered manager had not notified CQC in a timely manner where Deprivation of Liberty Safeguards (DoLS) were in place. At this inspection we found that the registered manager had promptly forwarded notifications to CQC when DoLS were authorised by the Local Authority.

The service had a registered manager in post that people, relatives and staff were complimentary about. One person told us the registered manager was, "A very nice man." One relative said he "Has such a lovely way about him, kind and calm very spiritual. I could ask him anything. He really does care." Another relative told us, "We are happy with how things are managed all very good." One member of staff told us, "The manager is very supportive. He makes us feel part of a team."

Staff understood their roles and the management arrangements were clear. The service was led by a registered manager who was supported by a deputy manager who was a qualified nurse and the service's clinical lead. Both provided a visible leadership for staff and contributed towards an open culture. The registered manager arranged team meetings for staff members to attend. We read minutes of these meetings and saw they were used to discuss how care and support were being delivered to people and how the service could improve. The registered manager encouraged staff to embrace the providers values. These were discussed at staff meetings and displayed at staff work stations. For example, one poster displayed for staff to read stated, "We see the world from the point of view of our service users and our customers."

The registered manager was supported by the provider. He held weekly telephone conferences with the provider's regional manager and attended monthly meetings with the provider's other registered managers. These meetings were used to discuss areas of improvement, good practice in social care and to provide peer support and encouragement.

The regional manager and senior managers within the provider organisation had access to the electronic records held by the service. This included care records and auditing records which were reviewed for accuracy and timeliness.

People were encouraged to share their views about the service they were receiving and to make decisions about how it was delivered. People were supported to hold residents meetings. We read the records of the most recent residents meeting. This was attended by 15 people, their relatives and the service's management. We read that people and relatives stated that they would like to see activity levels increase at the care home and in the community. In response the service was in the process of planning a number of day trips and a number of relatives planned to attend too. . The provider conducted a resident's survey. This included people's views about staff kindness, feelings of safety, activities, food and 'having a say.' The registered manager showed us how the service was responding to this feedback. Relatives and staff were also invited to complete surveys. The latest staff survey showed that 96% of staff said they agree with the

statement "I feel proud of the work I do." There was a regularly checked suggestion box in the reception area for people, relatives and visitors to share ideas and give feedback.

The service maintained links with the community. A number of people and relatives stated how important it was for them to live in a care home that was "local." A number of people and their relatives told us they had lived their lives within walking distance of Addington Heights and commented how that added to a sense of community within the care home. Links within the community included arranging for work experience placements for local college students at the care home.

The registered manager undertook a range of audits to check the quality of the service. For example, care records, call bell response times and staff training were reviewed. The provider's clinical lead undertook medicines audits and was supported with these checks by the local pharmacist who undertook monthly medicines reviews. The provider used a contractor to carry out a number of functions at the service. These included catering, laundry and cleaning. The contractor carried out audits of its services and forwarded these to the registered manager for review. Additionally, the registered manager carried out a number of audits covering each of these areas in line with the provider's quality auditing processes.

The registered manager and provider worked in partnership with others to create positive outcomes for people. The service worked closely with local authority social workers, a housing association, a beacon end of life service provider, a number of faith organisations and a local college. In line with the legal requirement of their role the registered manager notified the CQC about important events at the service.