

Heathwaite Care Homes Limited

Twin Oaks

Inspection report

Victoria Road
Windermere
Cumbria
LA23 2DL

Tel: 01539448994

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17 February 2016

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Ratings

Overall rating for this service	Good ●
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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

We carried out an unannounced comprehensive inspection of this service on 13th and 16th February 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We re-visited the service on 2 June 2015 and undertook an unannounced focussed inspection. We did this to check that they had followed their plan and to confirm that they now met legal requirements. We focussed on four of the breaches of those regulations where we had issued warning notices requiring the registered provider and registered manager to take action to comply with the requirements of those regulations. We found the registered provider and manager had addressed the breaches and taken action to comply with the requirements of those regulations.

During our inspection undertaken on 17 February 2016 we found no breaches of legal requirements.

Twin Oaks is a large detached property situated not too far from the centre of Windermere. The building has been adapted for its present use as a small family run care home for up to seven people. Communal space includes a large lounge and dining room. Accommodation is over two floors and the first floor is accessed by a stair lift. All bedrooms had ensuite bathroom facilities. At the time of our inspection visit there were seven people who lived at the home.

There was a registered manager in place. 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.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found care plans were organised and had identified care and support people required. We saw people or a family member had been involved in the assessment and had consented to the support being provided. We found care plans were informative about the care people received. They had been kept under review and updated when necessary to reflect people's changing needs. People we spoke with said they were happy with their care and they liked living at the home. One person said, "They take very good care of me. Everyone

is so kind."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

There had been no new staff members recently recruited to work at the home. We discussed recruitment procedures with the registered manager. We were satisfied safe recruitment procedures were in place and appropriate checks would be made before new staff commenced their employment.

We found sufficient staffing levels were in place to provide support people required. We saw the registered manager and staff member on duty could undertake tasks supporting people without feeling rushed. One person we spoke with said, "The staff are never far away if you need them."

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The home was well maintained, clean and hygienic when we visited. No offensive odours were observed by the inspection team. People we spoke with said they were happy with the standard of accommodation provided.

The staff member spoken with was positive about working for the registered manager and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration. One person we said, "The meals are very good and we get plenty to eat."

People who lived at the home had freedom of movement around the building. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

People told us they were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Twin Oaks

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 17 February 2016 and was unannounced.

The inspection team consisted of an adult social care inspection manager and adult social care inspector.

Before our inspection on 17 February 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider, registered manager, staff member on duty, four people who lived at the home and a visiting clergy man. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at the care records of three people, training and supervision records, arrangements for meal provision, records relating to the management of the home and the medication records of three people. We reviewed the services recruitment procedures and checked staffing levels. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live. The service had not recruited any new staff members in the last twelve months.

Is the service safe?

Our findings

We spoke with four people who lived at the home. They told us they felt safe and their rights and dignity were respected. They told us they received safe and appropriate care which was meeting their needs. They said they liked the registered provider, registered manager and staff and wouldn't wish to live anywhere else. Comments received included, "Very well looked after. I feel completely safe here." And, "I like it here very much. They are very nice people."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff member we spoke with understood what types of abuse and examples of poor care people might experience.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw the registered manager and staff member engaged with people they supported in conversation and laughter. One person who lived at the home said, "The staff are never far away if you need them." Another person said, "What I like about it here is they have time to spend with us."

There had been no new staff members recently recruited to work at the home. We discussed recruitment procedures with the registered manager. We were satisfied safe recruitment procedures were in place and appropriate checks would be made before new staff commenced their employment. The registered provider, registered manager and staff members employed by the service had recent Disclosure and Barring Service checks (DBS) on their personnel file. These checks confirmed they were safe to work with vulnerable people.

Records seen confirmed the registered provider, registered manager and staff members employed by the service had received manual handling training. We observed the registered manager and staff member assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective

equipment such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. People who lived at the home told us they were happy with the standard of hygiene in place. One person said, "The place is lovely and clean and always smells fresh. My room is spotless."

During a tour of the building we checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to. Records were available confirming fire extinguishers had been serviced. The registered provider told us the gas boiler was serviced annually and invoices for payment were sent directly to the services accountant so these unavailable for inspection.

The registered provider was unable to produce a certificate for the services electrical installation. Fixed electrical installation includes the incoming supply cables, switchgear, distribution boards and socket outlets. To reduce risks from the electrical installation, it is essential it is properly installed and maintained. It is best practice that this check is carried out every five years. The registered provider informed us the services electrician was scheduled to commence this work in March 2016.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit three accidents had been recorded where people had experienced falls in 2015. Records showed no serious injury had been sustained on either occasion and appropriate medical attention had been sought where required.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for three people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed one staff member administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestricted movement around the home and could go to their rooms if that was their choice. One person said, "I always go to my room after lunch. I like listening to the talking book."

We spoke with the staff member on duty and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. The registered manager and staff member on duty were both Registered General Nurses (RGN's). In addition the staff member had achieved a national care qualification. This ensured people were supported by staff who had the competencies, knowledge, qualifications and skills.

Discussion with the staff member on duty and observation of their personnel records confirmed they had recently received an annual appraisal of their performance. These are one to one meetings held on a formal basis with their line manager. The staff member told us they had discussed their performance, development and training needs. They said they felt supported by the registered provider and manager.

We found the registered manager and staff member on duty understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. We saw a bowl of fresh fruit was available in the dining room for people to help themselves if they wished. Throughout the inspection we saw the registered manager and staff member were attentive towards the people in their care asking they required a drink or snack.

The four people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. The service didn't work to a set menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were roast pork, cheesy mashed potatoes and assorted vegetables. We observed no one asked if an alternative meal was available. One person we spoke with said, "The meals are lovely and I always have what is on offer. We get plenty to eat, too much really as I have put weight on." Another person said, "The meals are very good I enjoy them all. If I did not like what was on offer they would get me something different."

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each themselves whilst eating their meal. We observed different portion sizes were provided as requested. People who required special cutlery to eat their meals had been provided with these. We saw people were able to eat independently and required no assistance with their meal. The registered manager and staff member did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and

prompted sensitively. For example we saw people with poor eyesight being informed where potatoes and vegetables were positioned on their plate. Drinks were provided and offers of additional drinks and meals were made where appropriate.

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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between the registered manager, staff member and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw the registered manager and staff member were caring and attentive. They were observed being polite, respectful and kind and showed compassion when supporting people. We spoke with four people about their care. They told us they were happy and couldn't receive better care anywhere. One person said, "I am very happy here and wouldn't move anywhere else. I am receiving the best care possible."

Throughout the inspection visit we saw people were able to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

The people we spoke with told us they were supported to express their views and wishes about all aspects of life in the home. We observed the registered manager and staff member enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance.

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The four people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw the registered manager and staff member had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. Walking around the home we observed the registered manager and staff member undertaking their duties. We noted they knocked on people's doors and asked if they could enter. One person we spoke with said, "The routines here are very relaxed. I can go to bed and get up when I like. They treat me with dignity when carrying out my personal care and respect my privacy at all times."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. We were told positive feedback had been received by visiting social workers from people who lived at the home about their care.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff member undertaking their duties. We saw they could spend time with people making sure their care needs were met. One person we spoke with said, "We get the best care possible here. Everyone is so caring and kind."

We looked at care records of three people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The care records of one person had identified they were underweight on their admission to the home. We saw with care and encouragement with their nutritional intake the person had gradually put weight on and was enjoying good health.

On the day we visited we saw no evidence of organised activities being in place. The registered manager confirmed the service did not operate a structured activities programme. They told us activities were organised on an informal basis. There were no negative comments from the people we spoke with. They told us they were allowed to enjoy their time as they wanted to. One person we spoke with said, "One of the things I like about the home is the calm and relaxed atmosphere. I enjoy sitting in the lounge listening to music and reading my books." Another person said, "I am happy with the arrangements in place and wouldn't attend activities if they were arranged. I enjoy sitting with [registered provider] and doing puzzles."

The registered manager had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The four people we spoke with told us they were happy and had no complaints. One person said, "Yes I know how to complain if I am not happy. I have no issues at the moment. The staff are lovely and I am well fed." Another person said, "Never had any complaints about anything. I am very happy here."

Is the service well-led?

Our findings

Comments received from the staff member on duty and people who lived at the home were positive about the registered manager's leadership. The staff member spoken was happy with the leadership arrangements in place and had no problems with the management of the service. People who lived at the home spoke fondly of the registered provider and manager who were described as lovely caring people.

The registered manager and staff member were knowledgeable about support people in their care required. They were clear about their role and were and committed to providing a good standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with her. Throughout the visit we saw people were comfortable and relaxed in the company of the registered provider, registered manager and staff member on duty.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through annual satisfaction surveys and care reviews. The service did not hold formal residents meetings but regular group discussions were held in the lounge. The four people we spoke with were all happy with the arrangements the service had in place. They told us they felt listened to and were given as much choice and control as possible into how the service was run for them.

We looked at the satisfaction surveys which had been completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. People said they were happy with the service they received, enjoyed the meals provided and liked the staff who supported them. We noted there were no negative comments recorded. Positive comments recorded included, 'Excellent care home. I am very happy and consider myself fortunate to be here.' And, 'I am very happy here. The food, service, cleanliness and friendliness is first class. I have no issues with anything.'

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived at the home were observed being comfortable in the company of the registered provider, registered manager and staff member. Discussion with the staff member confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.