Heathfield House Nursing Homes Limited

Heathfield House Nursing Home

Inspection report

Heathfield
Bletchington
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of Heathfield House Nursing Home on 1 June 2017.

Heathfield House is a care home in Bletchington near Oxford that is registered to provide nursing care to older people, many of whom have dementia.

There was 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 did not always receive their medicine as prescribed. Records relating the administration of medicines were not always accurate.

Records were not always accurate. Some records relating to measures to reduce identified risks were not accurate or up to date.

Risks to people's health and safety were identified. However, risk management plans were not always in place. One person was at risk of falls but had no risk management plan to manage the risk. We raised these concerns with the registered manager who took immediate action to address our concerns.

The registered manager monitored the quality of the service to look for continuous improvement. However, systems were not always effective. Audits had failed to identify our concerns relating to risk management plans being followed.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included people who were deprived of their liberty.

People were supported by staff that were extremely knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

There were sufficient staff to meet people's needs. Staff responded promptly where people required assistance. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service responded to people's changing needs. People and their families were involved in their care and how their care progressed and developed.

Staff spoke extremely positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was very approachable and supportive and that there was a very good level of communication and trust within the service.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People had sufficient to eat and drink. Where people needed support this was provided discreetly and compassionately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Risks to people were identified but risk management plans were not always being followed.

People did not always receive their medicines as prescribed.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring

People benefitted from caring relationships with staff.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people. Staff were motivated and committed

to delivering personalised care.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems used to monitor and improve the quality of service were not always effective and did not identify our concerns relating to risk management plans being followed.

Records were not always accurate and up to date. The registered manager took action to address these concerns.

The registered manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

The service shared learning and looked for continuous improvement.

Heathfield House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 1 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with four people, three relatives, five care staff, the area manager and the registered manager. We looked at five people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care. As most people in the home were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. One person had arrived at the home from hospital and required fluid thickener. A thickening agent is prescribed for a person where they have swallowing difficulties or are at risk of choking. Their care plan stated the person required two scoops of thickener in their drinks. However, we saw this person drinking juice without thickener. We spoke to this person who told us they did not like drinks with thickener and refused to drink fluids that had been thickened. Records had not been updated to reflect this person's choice. We also looked at the medicine administration records (MAR) and found they had been inaccurately recorded stating the person had received thickened fluids three times a day since they arrived at the home. Staff and the person confirmed this was not the case. We also saw this person's thickener container which was almost full. The contents did not reflect recorded usage. The container did not have a prescribed label identifying the thickener, the dosage or the person. The person's name was hand written on the tin. This meant the person was at risk of receiving the wrong dose of thickener. We spoke with the registered manager who said, "This person has capacity so we have followed their choice. I will update the care plan and refer them back to the speech and language therapist for reassessment". The registered manager also took disciplinary action against the staff member who had made the entries on the MAR.

Medicines were stored in a locked trolley secured to the wall to ensure they were stored safely. Systems were in place to ensure stocks of medicines were managed and were safe to administer. For example, medicines dispensed in liquid forms were marked with a date of opening to ensure they were administered within the date required.

Where people were prescribed 'as required' medicines (PRN) there were protocols in place to ensure people received the medicines when needed. We observed people being asked if they required medicines to alleviate pain and these were administered where required.

People told us they felt safe. Comments included; "Yes I feel safe, I am well looked after", "I have security and peace of mind here" and "They (staff) respond promptly to all calls".

Relatives told us people were safe. Their comments included; "Definitely safe here, no worries not at all. It's the best thing for [person]", "I can relax and know he is looked after. It's taken a huge weight off me", "I am absolutely confident he is safe", "I have peace of mind which I've not had for a long time" and "When I'm at home I know he's OK".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would inform the manager and go myself to safeguarding", "I've been trained in this, I would speak to my senior or nurse. I can also call safeguarding" and "The senior carer is the first point of call. I would also go to the manager if I needed to". The service had systems in place to investigate concerns and report them to the appropriate authorities.

People's care records included risk assessments. Plans were in place that guided staff how to support people to manage the risks. Risks identified included: pressure damage; choking; moving and handling; nutrition and anxiety. For example, one person could not mobilise independently. Staff were guided to use a 'full body hoist' to transfer the person and a 'slide sheet' when the person was in bed. Staff were also prompted to 'encourage and reassure' the person when supporting them.

Another person was at risk of developing pressure damage. The care plan identified the person had pressure relieving equipment in place and should be encouraged to reposition regularly. We saw the pressure relieving equipment was in place and was regularly monitored. The care plan also identified the person was able to decide when they wanted to change position and would tell staff. Records showed staff supported the person when requested and the person did not have any pressure damage. The person told us, "My mattress is regularly checked".

However, not all identified risks had a risk management plan. One person was identified as being at 'high risk' of falling and suffered one fall and a near miss. This person's care plan did not contain a risk management plan relating to falls. We raised this with the registered manager who took action. By the end of our visit a risk management plan was in place.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the 'Dependency needs of our residents'. Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for assistance. Staff rota's confirmed planned staffing levels were consistently maintained. One member of staff told us, "We do have enough staff to meet the resident's needs". One nurse commented, "I have enough staff to work with, my team is fine".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to support them appropriately. People's comments included; "The staff know me and know what I like", "Staff are very good and seem well trained" and "Nurses are very knowledgeable and care for me well". One relative commented, "Oh they (staff) know what they are doing". Another relative said, "I have total trust in them".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Staff training was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction training included fire, moving and handling, dementia and infection control. Staff were positive about the training they received and were supported to attend regular updates to ensure their skills and knowledge were kept up to date. Staff comments included; "All my training is up to date. Training is very good here", "My induction was very good. I was shown everything" and "I am being encouraged to develop. I have just completed venepuncture training". Staff also had the opportunity to complete national qualifications in social and health care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. Staff comments included; "I am well supported, I have supervisions regularly", "I get good support through supervision which I find useful" and "I had supervision a couple of weeks ago. It is always useful and I feel listened to and supported".

People's care plans included mental capacity assessments which identified the decisions people lacked capacity to make. Care plans detailed how people should be supported in their best interests. For example, one person's care plan identified they lacked capacity to make decisions relating to their finances but were able to make decisions related to their daily living. People's care plans identified where representatives had legal authority to make decisions on people's behalf and copies of the authority were available.

The registered manager carried out assessments to determine if people were subject to any restrictions in relation to their care. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions were in place the registered manager had made DoLS application to the supervisory body. People's care plans detailed the restrictions in place and how people were supported to ensure any restrictions were the least restrictive. At the time of our visit, one person was subject to a DoLS authorisation.

Staff had completed training in MCA and DoLS. Staff had a clear understanding of their responsibilities to support people in line with the principles of the Act. One member of staff told us, "We do the best we can for

our residents, their rights and we encourage them to exercise those rights by offering choices and acting in their best interests".

People were supported by staff who sought consent. One person said, "The girls always ask me first before helping me". One staff member said, "I ask them every time. I then explain what we are going to do". Care plans contained consent documents. For example, consent to care and consent to photography documents had been signed and dated by the person or by their legal representative.

People told us they enjoyed the food. One person said, "The food is good here". One relative said, "Food is very good. He (person) is eating well". People had access to food and drink to meet their needs. Menus were prominently displayed and staff assisted people with their meal choices. The chef told us they were aware of those people with specific medical conditions such as diabetes or those loosing weigh or gaining weight.

We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal and, where required received appropriate support. People were encouraged to eat and extra portions were available.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, physiotherapists and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. People and relatives commented on access to healthcare professionals. One person said, "I can make my own doctors and hospital appointments". A relative told us, "They (staff) arranged the hospital appointment and the transport for us to attend". We spoke with a healthcare professional who told us, "This is a comfortable home where everybody is well cared for".

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "[Staff] is very good for me and the rest are great too" and "I am looked after very well here. Staff are lovely".

Relatives were also keen to praise the service and the staff. Relatives comments included; "Since [person] has come here you would not believe the difference. He really has improved", "Staff are all very friendly, very approachable", "Staff are absolutely kind and caring" and "I am really happy with the care. Staff are so patient. They are brilliant, just lovely".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "Yes I like this work, I like being close to the residents so of course I care", "I love my job, I like helping people", "I have no problems caring, it is what I do" and "I just love my job, getting to know the residents and their families".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person was supported to spend time in the garden. A staff member asked where they wanted to sit and took them to that location. They then spent time sitting with the person, chatting about the garden. They then fetched this person a drink of their choice. The member of staff displayed genuine warmth and affection for the person.

People's independence was promoted. For example, during the lunchtime meal we saw people being encouraged to eat independently. Staff only intervened when the person needed or requested support. We also observed a person being supported to walk to the lounge. Staff guided, encouraged and praised the person for their efforts.

Staff spoke with us about promoting people's independence. One staff member said, "We encourage them to feed themselves or exercise to maintain their mobility. It does work". A nurse commented, "I get my staff to encourage people to be independent. I give residents time and keep encouraging them".

People and their relatives told us they were involved in their care. One person said, "I feel completely involved in what is going on". A relative told us, "I have been included at every level. I came in last week and we went through the care plan".

People told us they were treated with dignity and their privacy was respected. Their comments included; "They (staff) are very respectful of my choices. I'm in control of what is happening" and "Staff do a wonderful job. They are always respectful".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves

they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw people were treated with dignity and respect throughout our inspection. People were addressed by their preferred names and staff knocked on people's doors before entering. One staff member said, "I knock on doors, close curtains and keep things private for residents". Another staff member said, "I respect their choices, we make them comfortable and do the best for them".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff and gave details of when and how information would be shared with other professional bodies once the person's consent had been obtained. Care plans and other personal records were stored securely. Care plans reminded staff to protect people's confidentiality.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the day. These provided a descriptive picture of the person's day. For example, one staff member had noted in one person's care plan 'appears fine today and continues to eat and drink well. Had a chat'. This evidenced staff cared for the people they supported.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. Care plans contained a document plan for possible hospitalisation. For example, one person had stated they did not wish to be hospitalised if terminally ill. These plans were reviewed annually and were signed by the person and GP.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked 'flying and sailing'. Another person liked pets and 'good food'. We saw this person stroking a visitor's dog.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had difficulty verbalising and could sometimes experience pain. A 'pain assessment/management' document guided staff on how to support this person and recognise when they may be experiencing pain. This included using the person's facial expressions, behaviours and any physical or physiological changes to assess the person. The care plan also contained a picture pain chart enabling the person to communicate to staff the level of pain they were experiencing. This enabled staff to assess the person's pain levels to allow them to provide appropriate pain relief.

Care plans and risk assessments were reviewed to reflect people's changing needs. Where people's needs changed the service sought appropriate specialist advice. For example, one person required medicine for their condition. When their condition changed the service referred the person to the GP who prescribed a new medicine. Records confirmed the new medicine was being administered.

Relatives spoke with us about the service responding to any changes in people's conditions and how their health had benefitted. One relative said, "[Person's] health has definitely improved since coming here, without a shadow of a doubt". Another relative said, "They are very good at keeping me informed. They always ring me if there are any changes or concerns".

People were offered a range of activities including games, sing a longs, arts and crafts, keep fit, visiting musicians and gardening. There was a large, well kept garden area with good access for wheelchairs. Paved areas were smooth and furniture was in place for people to sit and enjoy the garden. The service also hosted an annual fete and other celebrations, such as November 5th in the gardens. During our visit we saw many people being supported to spend time in the garden. In the afternoon there was an entertainer singing for people. We saw several people enjoying the music; singing along, clapping their hands and tapping their feet. One person said, "There is always something to do if you want to join in".

Relatives told us people enjoyed activities in the home. Their comments included; "[Person] joins in the activities. They have gradually encouraged her to take part and now she joins in everything" and "[Person] has made good friends here and they have a good sense of humour together".

Where people did not engage with group activities we saw staff interacting with them on a one to one basis. One person said, "I am happy with my own company. They (staff) are always asking if I want to do anything". This person's care plan noted they could be at risk of social isolation. Staff were guided to encourage visits

from the person's relatives and 'ensure one to one time is provided'. Daily notes evidenced this guidance was being followed.

People and their relatives knew how to complain and were confident action would be taken. One person said, "I am absolutely comfortable to raise any concerns with the manager". A relative said, "I am very comfortable to speak with the manager if I had any problems". The service had four complaints for 2017, all were dealt with compassionately, in line with the complaints policy.

People's opinions were sought through quarterly surveys. We saw the latest survey results which were positive. No one had raised any issues requiring action. A previous survey had highlighted suggestions people had made relating to the menu and we saw their suggestions had been actioned.

Requires Improvement

Is the service well-led?

Our findings

People clearly knew the registered manager who was visible around the home throughout our visit. We saw them engaging with people who greeted them warmly with genuine affection. The registered manager knew people and called them by their preferred names. People and their relatives told us the service was well managed. One person said, "[Registered manager] is a very nice lady. Very friendly". Another said, "I know the manager, I've met her a few times. She is very pleasant and will stop for a chat".

Relatives comments included; "I am really happy with the care. I've been really impressed", "[Registered manager] is lovely. Really cares and is very open" and "I am always made to feel very welcome here". Relatives also told us about communication and how the registered manager kept them informed. One relative said, "Communication is very good and [registered manager] always lets me know exactly what is going on".

Staff told us the registered manager was supportive and approachable. Comments included; "Manager will always help us, her door is always open", "It is a lovely team here. We work really hard and we don't mind being told when things are wrong as we want to improve", "[Registered manager] is a great manager. You can go to her with anything, she will always do everything she can for us" and "I like the manager, she improves things and she listens".

The registered manager led by example. Throughout the inspection the registered manager was available to people, visitors and staff. It was clear the management team led by example and created an open, caring culture that put people at the centre of all they did. The registered manager and deputy knew people, staff and visitors well. They took time to stop and speak with everyone, showing empathy and support for all. We saw staff mirrored this approach and maintained this positive culture that was embedded into the caring ethos of the home.

Visitors were clearly welcome in the home and we saw many interactions between people and visitors who were visiting others living in the service. There was a family atmosphere where everyone was valued and included.

The registered manager monitored the quality of the service provided. A range of audits were conducted which covered all aspects of the service and the registered manager looked for continuous improvement. For example, one audit identified some staff training was overdue. The training records were reviewed and staff training took place. Another audit identified one person's medicine required a review. The review was completed and the person referred to the GP.

However, audits were not always effective. Audits had not identified our concerns relating to a risk management plan not being followed and the need to review this person's care plan. In addition, care plan audits did not identify our concerns relating to the need for one person's support plan requiring a review.

Records relating to incidents and accidents were not always complete. Accidents and incidents were

recorded and reported. The registered manager carried out a monthly audit of accidents and incidents to monitor for trends and patterns. However, individual incident reports did not always identify actions taken to reduce their risk of further incidents. For example, when people experienced falls the record did not always identify any actions considered or taken as a result. This meant the registered manager did not have complete oversight of actions taken as a result of accidents and incidents. The registered manager told us she would review accidents and incidents. Following the inspection the registered manager sent us evidence that follow up actions had been completed following incidents. For example, where people had suffered a fall they were referred to the Care Home Support Service (CHSS).

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.