

Primecare Homes Britannia Limited

Heatherdene Residential Care Home

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced.

Heatherdene Residential Care Home is registered to provide accommodation with personal care for up to a maximum of 20 people. There were 20 people living at the home on the day of our inspection. Some people were living with dementia.

At the last inspection on 19 April 2016 we identified that improvements were needed regarding all five of the key questions. We identified breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan telling us what they would do to make improvements and meet legal requirements in relation to the law. We found at this inspection the provider had taken most of the necessary measures to ensure the quality of care people experienced had improved.

A registered manager was in post and present throughout this inspection. 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 received support with their medicines from staff who were trained to safely administer them. Medicines were locked away safely and in accordance with their individual risk assessments.

People were safe as staff had been trained and understood how to support people in a way that protected them from harm and abuse. People's records had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. The provider now followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff received an introduction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were protected by staff who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a registered manager who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had good relationships with the staff who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly. People were supported to eat and drink sufficient amounts to maintain optimum health.

The registered manager had started to do more regular quality checks of the service. The provider engaged more with people and their families at their visits to the service. The provider encouraged feedback from people in order to improve the service. People felt confident they were listened to and their views were valued. The registered manager acknowledged the need to sustain improvement of the record keeping and imbed management practice consistently.

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.

People were protected from the risks of abuse by staff who knew how to recognise signs and what to do if they had concerns. People had individual assessments of risks associated with their care. The provider had contingency plans to support people at times of emergency. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff who were trained and supported to undertake their role. People had their rights protected by staff who followed current guidance. People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff who supported them. People were supported by staff who showed a caring and compassionate manner. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People and those that mattered to them were involved in their assessments of care. People had care and support plans that were personal to them. People received care from staff who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

The service was not always well led.

People had regular contact with the management team who they found approachable. People felt involved in the service provided and felt their views mattered. Staff members and the provider had shared values regarding the support of people. The provider had begun to implement some systems to monitor the quality of support given and to make changes when needed.

Requires Improvement 

Heatherdene Residential Care 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 was planned to check 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 21 February 2017 and was unannounced.

The inspection team consisted of one inspector and an 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with nine people, two relatives, five care staff, the chef and the registered manager.

We looked at the care and support plans for two people, records of quality checks, maintenance records, accident and incidents records and medicine administration records. We also checked the recruitment process details with staff.

We also 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.

Is the service safe?

Our findings

At the last inspection on 19 April 2016 we identified that improvements were needed regarding the key question "Is the service safe?" We highlighted concerns regarding the management and storage of substances that were hazardous to health (COSHH). We identified at that inspection that there was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made. All COSHH items not in use were stored locked in a cupboard.

People received their medicine when they needed it. One person said, "I get my tablets at a regular time; they are never missed." We observed a senior care worker assisting people to have their medicines. They explained to each person what they were taking and why and asked those who required it if they needed any pain relief, giving them the choice. Staff received training in the safe administration of medicines and were assessed as competent before being allowed to assist people.

Checks were regularly undertaken by the deputy manager to ensure medicines were given as instructed. The provider had systems in place to investigate any medicine errors to minimise the potential for reoccurrence.

If it was appropriate to provide people with their medicines covertly this was supported by a best interest decision and consultation with the GP. Staff told us that covert medicine was a last resort and only used if they were concerned about someone's health. We saw medicines were given as prescribed and stored securely.

We looked at how people were kept safe from abuse and harm. All those we spoke with told us they felt safe and protected by those assisting them. Staff we spoke with told us they had received training to help them identify and respond to any concerns of abuse or ill-treatment. One staff told us, "If I thought anything was wrong I would go to the manager straight away. Failing that I would contact the local authority." Staff told us that the contact details for reporting incidents of concern were located in the home. The registered manager had made notifications to the local authority in the past in order to keep people safe.

We saw people had individual assessments of risk including mobility, nutrition and skin integrity. These assessments were individual to the person and accounted for their personal needs and wishes. We saw that the risks to people were reviewed on a regular basis, or when there was a change in need. Staff spoke of the positive approach they took to risk management. One said, "We try and help people to do what they wish. We help a person go out for a walk, but we assess if it's safe to do so."

Any incidents or accidents were reported and recorded. Systems were in place to examine incidents and accidents and the provider took action to minimise the risks of harm associated with people's care. The registered manager had systems in place to review and make changes to keep people safe following any reported incidents or accidents. They had introduced a new falls management system whereby falls were audited to monitor trends.

All of the people we spoke with indicated they felt safe and secure in their environment. The relatives we spoke with also confirmed that they had absolutely no concerns with their relative's safety and well being. One person said, "I am very lucky and very happy to know I will be ending my days here, I have no complaints or worries at all. There are always staff to help you when you need it and I know I am safe and cared for as do my family." Another person said, "Yes I am well looked after here. There are always staff to help you and they keep us safe." A relative commented, "We are very pleased and happy with all aspects of (person's) care here, it couldn't be better. We know (person) is safe and (person) knows they are safe. We have no worries at all as a family. There is always plenty of staff and they are always there to help. Nothing goes unnoticed." We observed a safe but somewhat cramped environment. The registered manager discussed with us the storage issues in the service and outlined the plans to remedy the situation. Staff kept the main door locked but there was no problem or delay for visitors with access. We saw the premises and equipment were better maintained than at our last inspection. The provider had created a safer living environment for people and to be more dementia friendly. Regular maintenance checks were undertaken by the staff team with the registered manager monitoring the progress.

The building was a listed property and therefore adaptation was difficult but there had been changes made to the fabric and furnishings and further ones were scheduled. The bedrooms were small but everyone we spoke with remarked that they liked their room and that they were comfortable.

People told us there were enough staff to meet their needs. One person told us, "There is always plenty of staff about, I don't wait for long when I need help." We saw throughout this inspection that there were enough staff to meet people's needs. We saw staff had the opportunity and time to sit and talk with people and to socialise as well as meeting people's needs.

Staff told us that before they were allowed to start work alone checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

Is the service effective?

Our findings

At the last inspection on 19 April 2016 we identified that improvements were needed regarding the key question "Is the service effective?" Staff had not received training or support through supervision. We identified at that inspection that there was a breach of regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made. The registered manager had implemented a programme of training. Supervision was now taking place to support staff in their roles.

People we spoke with considered those supporting them had the relevant skills and knowledge. One person said, "They keep an eye on my feet." They told us that staff knew and understood their specific medical condition, which was reassuring to them.

Staff told us they had an introduction to their role when first starting at Heatherdene. One staff member said, "I worked alongside another member of staff. It helped me find my way around the premises and understand where things were and how to care for people." Another staff member told us, "At the end of my induction period I had a meeting where we went through how I had got on. We discussed any additional support I needed in order to do my job well." Staff told us they had access to ongoing training they needed in order to support people as they required. During the visit a new member of staff was on duty 'shadowing' another care worker who explained everything, talked about the needs of various people and involved them in that conversation. We spoke with five care workers who confirmed that they received good training which made them feel confident in their role.

People received care from a staff team who felt supported. Staff told us they had formal one-on-one meetings with a senior staff member. It was during these sessions that they were able to discuss aspects of their work including what had gone well and what could be improved. In addition to formal sessions, staff told us they could seek advice and support from their colleagues and the management team at any time they needed.

People were supported by staff who had the skills to effectively communicate between themselves and anyone else involved in their care and support. We saw staff passing relevant information to visiting health and social care professionals in order for them to make informed assessments of people's needs. We saw this was done discreetly and confidentially. Staff had been delegated as 'champions' in areas such as health and safety, fire and skin integrity. These staff shared up to date information to staff and were available for advice.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. Throughout this inspection, we saw people being offered choices and making decisions regarding a number of things. For example, where they would like to sit, what activities they would like to do and what to eat and drink. We saw staff members using gestures and facial expressions along with physical prompts to encourage people to make decisions about what they wanted. For example, we saw a staff member holding up a tea cup and a

drinking glass to assist the person making a decision about a hot or cold drink.

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. We checked whether the service was working within the principles of the MCA. At this inspection, we could see that the provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interests decision making.

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 provider had made appropriate applications and followed the relevant guidance. The provider had taken action and was meeting the recommendations made to ensure people's rights were maintained. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

One person said, "I don't eat a lot but what I eat I enjoy. The food is very good and always tasty and if you don't fancy it they get what you do fancy; it is no trouble." Another said, "I am doing OK now and they have really helped me and I eat and have put weight on. It's not bad at all." A third person said, "I am very happy with how I am looked after here. I have (medical condition) and have to watch my diet and be careful. They do watch out for me. The chef is very good, he comes and talks with me about what I can eat and what I would like to eat and he prepares me really good appetising food." All people we spoke with confirmed how good the food was and how much they enjoyed it. They felt the food was excellent and had improved a great deal. We observed lunch and it was served in a very caring way. Meals were individually plated in line with people's preferences and placed carefully in front of them by the chef. It was very dignified and respectful.

One person had pureed food and each component of the meal was individually pureed. The choice to mix it up was left to the person which they did with gravy and ate everything. The food looked and smelt appetising and the people we observed cleared their plates. People were assisted to eat their meal if it was their choice.

Tabards were available for people to protect their clothing and condiments were available. People's individual preferences were respected. For example, one person liked pickled beetroot with their mashed potato, which they got and sometimes gravy which they was also given in an individual portion gravy boat. We observed staff making sure that thickener was put into the drinks of those who needed it.

The chef was aware of people's individual likes and dislikes and also health considerations including diabetes. The chef was also aware of who needed assistance with their meal preparation including soft diet options. When people's diet and nutrition needed to be monitored for health reasons this was recorded by staff supporting them. If necessary, details were passed to a dietician for their guidance and support. This

individual would conduct a more specific assessment of individual need and gave guidance to staff on how to promote nutrition in order to maintain optimum health.

One person commented, "The doctor comes in if necessary and is very good. The chiropodist comes in to look after my feet and I have just had new glasses. The optician comes here which I like as I don't go out now as I am over 90." People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. An occupational therapist visited a person who was returning home after a period of respite care at the service. The registered manager had worked closely with this professional including the social worker to effect a safe transition back home for the person. The local authority told us, "(Person) has changed since moving to Heatherdene. They are much more engaged and happy and no longer have personal care issues. They are no longer angry and staff are even taking them out into town which they are really enjoying.

Is the service caring?

Our findings

At the last inspection on 19 April we identified that improvements were needed regarding the key question "Is the service caring?" At this inspection we found that improvements had been made.

People told us that staff were kind, friendly and looked after them well. One person told us "I am very happy here and no-one or nowhere could care for me any better than here." We saw people were supported at times of upset and anxiety. These were responded to promptly by staff who assisted and reassured them. The staff recognised that people should be able to show their emotions when they needed and helped them to express how they felt.

We saw staff meet two people's personal care needs in a thoughtful and sensitive manner in order that they did not feel embarrassed. Staff behaviour was calm, caring and respectful and people confirmed that they never felt uncomfortable or embarrassed. People confirmed that they always felt clean had regular baths or showers and that their laundry was always done and brought back. We observed everyone in clean clothes, hair done and they felt they were looking good. Everyone had good shoes or slippers on and socks or other hosiery. Some people enjoyed showing us their jewellery which they enjoyed wearing. A visitor told us, "We would dread the thought of having to move (person) from here because they are so very happy and settled here. We have no worries at all. This place is so warm, homely, kind and most importantly very caring. Nothing is too much trouble. It is a wonderful place for (person) to be." We observed staff actively listening and responding to all of the people and the care was very people-focussed and engaging.

The staff we spoke with talked about those they supported with warmth, compassion and respect. Throughout this inspection we saw many spontaneous interactions between people and staff which were warm and relaxed. Staff members sat and chatted with people and reminisced about things they had in common for example where people lived and grew up.

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to eat their meals, or what activities they wanted to be included in. Throughout this inspection, we saw staff members asking people how they wanted to be supported and if they needed any further assistance.

People were encouraged to be as independent as they could. One person told us that staff members go in and see them every morning and see if they need any help in getting ready. Staff members we spoke with told us they try and promote people's independence by making tasks easy to complete. One staff member said, "If you make sure everything needed for a wash is nearby people are usually able to do simple things for themselves. This helps with their dignity and independence."

People told us they were treated with respect and their dignity was maintained. We saw staff supported people with their personal care discreetly allowing time for the person to help themselves. During lunch, we saw staff supporting people with clothes protectors which were used for the minimal amount of time needed to support the person.

Staff had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff sharing information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

Is the service responsive?

Our findings

At the last inspection on 19 April 2016 we identified that improvements were needed regarding the key question "Is the service responsive?" At this inspection we found that improvements had been made.

People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported. Staff we spoke with told us that before people took up residence at Heatherdene their needs were assessed. This was to ensure their needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs and contained details that staff needed to follow in order to provide person centred care.

A member of local authority staff told us, "We have seen good records kept for people we fund the care of. One person goes out once a week with the staff as part of their support. We have observed some good help with moving and handling people and that practice is centred on the individual." Another said, "They have been extremely helpful with (person). They deal well with their behavioural issues. They are always very clean and smart when I visit. Communication is excellent. The registered manager lets me know if there are any concerns or if (person) has been admitted to hospital etc. When (person) came out of hospital they put on weight and looked really well."

Staff described the care of a person who had been admitted to Heatherdene that had various difficult health and social issues. Staff worked with this person through an agreed plan aimed to target these issues and improve their health. With a combination of care and support, the person had regained their appetite, now enjoyed their food and eventually their health had improved to a point where they were more independent. The person told us they were thankful for the staff's dedication to helping them achieve better health.

All the staff we spoke with knew the individual likes and dislikes of those they supported. We observed people moving freely around going to the toilet, deciding where to sit and what to do. We observed a very watchful group of care workers who clearly knew and understood individuals' level of dependency and risk. For example, one person wished to go to the toilet by themselves, which they did, but due to an issue staff were there immediately in a respectful way to help them change their clothing.

People told us that they were involved in a range of activities that they enjoyed and found stimulating at Heatherdene. We asked one person what their plans were for the day. They told us they were having breakfast and were then going to go around the church for a walk with staff. Those who spent time in their rooms were involved in individual time with the activity coordinator. This could include personal pamper sessions or just conversations about things that interested them. In addition to activities in their home people also went out to their local town for shopping and socialising. There were records containing pictures or activities and examples of crafts they had completed.

People were supported to meet their faith and cultural needs. Links had been made with local religious organisations to support people with their faith. During the inspection, the vicar gave communion and the

majority of people took part. It was undertaken with great sensitivity and care and the carer workers were actively involved. For example, one care worker carried the chalice and napkin. The registered manager told us about their working with local churches to advise them on being dementia friendly. They were working towards conducting shorter services, adapting lighting and flooring to help people living with dementia to access church services in the church itself. Four people attended a local dance club once a month that was held in the local Methodist church.

There were also opportunities for people to engage in conversations about their local area with visitors who lived locally to them. People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted. We saw relatives and friends visiting throughout this inspection.

People and relatives felt comfortable to raise any concerns or complaints with staff or the registered manager. One relative told us, "We are all more than satisfied with everything here. We have no complaints and if we did we know exactly who to talk to if we need anything at all." The registered manager had systems in place to investigate and respond to complaints. They acknowledged that the complaint procedure that was displayed was in need of updating. This was so people would know what other authorities they could take their complaint to if dissatisfied with how the provider had dealt with it. The registered manager had oversight of complaints to ensure they had been responded to appropriately although none had been made since we last inspected.

Is the service well-led?

Our findings

At the last inspection on 19 April 2016 we identified that improvements were needed regarding the key question "Is the service well-led?" We identified at that inspection that there was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The leadership and management of the service was not well led. At this inspection we found that some improvements had been made to the management of the service.

The provider and registered manager had improved systems in place to monitor the quality of service provision. The registered manager planned to assess information from quality checks, incident and accidents and feedback from people and staff which they would use to drive improvements. However, as this was in its infancy, we could not be assured that this had been sustained over time. Records of audits were not in an orderly state which meant that information was not easy to access and did not demonstrate they were routinely referred to. The recording of training attended and the system for reviewing training were still in progress. The registered manager stated that the record of training would be brought up to date by the end of March 2017.

People told us they knew who the registered manager was and that they found them approachable. One person said, "They are about all the time and easy to chat to." People and their relatives felt involved in the running of their home and in the decisions that affected them. Those we spoke with told us they had regular meetings which were facilitated by the staff. During these meetings they could talk about what they would like for example, any changes to the menu or what activities they would like to do.

The registered manager had processes in place to gather feedback from people and their relatives on how their service was run. People we spoke with and relatives believed the registered manager and provider were more open and transparent and were able to openly discuss anything they wanted. Staff were aware of any incidents or key events so that improvements could be made. For example, at our last inspection we found improvements were needed to be addressed in all areas that we inspected. Staff we spoke with understood what these issues were and they had been discussed at team meetings. It was during these meetings that they could discuss any aspects of their work they needed. They also had the opportunity to make suggestions on how they could work better to meet people's needs. Staff told us the registered manager had recognised the improvements that were needed to be made and engaged the staff in assisting with the changes.

We asked staff about the values they followed and those which were promoted at Heatherdene. One staff member told us, "We are here to care and respect people in their older years and mental health needs. To be polite at all times and discreet in what we do. It has to come from the heart otherwise there's no point." This reflected what people told us throughout this inspection. The registered manager said, "We know we are not cosmetically perfect but we try and we aim for care to be homely, kind and caring and our focus is always our residents and their care and well-being."

Staff were aware of appropriate policies which directed their practice including the whistleblowing policy.

Staff we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

The registered manager understood their responsibilities in terms of complying with the terms of their registration. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager took responsibility for maintaining their knowledge and skills. They did this by attending training courses provided including the completion of a qualification in management. They also had regular contact with a provider's representative organisation where they accessed any changes regarding health and social care.