

Mrs Gwendoline Ruby Heywood

Heywood Lodge

Inspection report

Heywood Lodge
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Heywood Lodge took place on 2 March 2017 and was unannounced. At the last inspection on 15 December 2015, the service met all but one of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Requires Improvement' in safe because the registered provider was in breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. This was because the registered provider had not had not protected people against the risks of employing people without appropriate checks relevant to their employment.

Heywood Lodge provides accommodation and personal care for up to seven older people, on the day of inspection there were four people using the service.

A registered manager was 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. The registered manager was also the provider.

At this inspection the registered provider had made sufficient improvements to show they were no longer in breach of any of the regulations and had the necessary employment checks in place.

People told us they felt safe and secure in a homely environment. Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

There were sufficient numbers of staff with the relevant skills and knowledge to meet people's needs. The service had retained a strong core team of staff who knew people at the service well.

Individual needs and requests were responded to promptly, and people told us there were enough staff available to meet their care needs.

Suitable arrangements were in place for managing and administering medicines. Stock was well organised and regular audits of medicines were carried out to ensure systems were being followed correctly.

Feedback on the quality of food provided was extremely positive from both people who lived at the home and relatives. People were happy with the variety, quality and choice of meals available to them. People's nutritional needs were addressed and monitored.

Care plans were in place for people who lived at the service. Care plans covered support needs and personal wishes. People and relatives said they were involved in the care planning process. Plans were reviewed and updated at regular intervals.

Staff were caring and had good relationships with people and were attentive to their needs. People's privacy and dignity was respected at all times.

The registered provider had good oversight of the service and monitored the standards effectively.

We have made a recommendation to the provider related to their responsibilities about notifications.

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.

Staff were recruited safely.

Medicines were stored and administered safely by competent staff.

Staff understood their safeguarding responsibilities and knew how to recognise, respond and report abuse or any concerns they had about safe care practices.

Is the service effective?

Good ●

The service was effective.

People's nutritional and health needs were met by the service.

Staff had access to on going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work

Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about what was important to them.

The registered provider had a complaints process in place.

There was a variety of social activities on offer for people who lived at the service.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by their manager.

The registered provider was aware of their role and responsibilities and demonstrated a commitment to developing and maintaining a high quality service.

Heywood Lodge

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 2 March 2017 and was unannounced. The inspection was carried out by one inspector.

During our inspection visit, we observed the interactions between staff and four people who were receiving care and support in the service. We spoke with the registered provider, and two members of staff. We also spoke with the four people who used the service and two relatives.

We reviewed four care records, four staff files as well as looking at other relevant documentation such as training records, audits and health and safety records.

Is the service safe?

Our findings

At the last inspection the registered provider was in breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. This was because the registered provider had not protected people against the risks of employing people without appropriate checks relevant to their employment. At this inspection we checked four staff files and all contained the relevant documents required. As this is a small service staff were well supervised by the registered provider.

People told us that they felt safe and well looked after. The service had provided portable doorbells for two people to use with different ring tunes. We saw that when people used their doorbells to call for assistance staff responded promptly. One person told us, "It works really well and they come pretty quickly." Another person said, "I am safe as houses here, much safer than before." The person went on to explain they had lived in a much larger care home where they did not feel as safe as they do now. Another person told us, "If there was anything serious I would tell you." The person was referring to the Care quality Commission (CQC)."

There were sufficient members of staff available to meet people's needs. Staff were available to respond to people's needs and requests in a timely manner.

Staff had received training in safeguarding and understood their responsibilities to keep people safe and protect them from harm. They knew what they should do if they saw or heard anything that concerned them. One staff member told us, "I would report to the manager, and I am aware of whistle blowing." Staff were confident that any concerns would be dealt with promptly.

People had risk assessments in place to provide guidance and direction for staff about how to support people correctly. For example, people had risk assessments on file for skin integrity, mobility, falls and nutrition. One person had a bedrail in place and although the care plan had recorded this, there was not a detailed risk plan in place; the provider told us that the supplier had carried out a service on both the bed and bed rails. The provider had also organised that both the bed and bedrails will be inspected as part of an existing contract every six months. The provider also informed us that they had updated the risk assessment following the inspection.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment. We saw that health and safety, maintenance, fire drills, accidents and incidents were all recorded and the necessary action taken. As the service was small, we noted that there were very few accidents or incidents.

However, an accident had occurred where a person had sustained an injury and spent time in hospital; the provider had taken all necessary action including referring the person to the local falls team. The person had returned to the service but we had not received a notification in relation to this accident. We discussed this with the registered provider who told us that they had been unsure if this accident required a notification. We recommend that the registered provider checks the guidance related to notifications on our website.

Most medicines were dispensed from a bio dose monitored dose system and staff checked these against the medication administration record (MAR) to ensure that people received the correct medicines. We reviewed the MAR sheets and found no errors or gaps in administration. Sheets were kept orderly and were legible. Only senior staff administered medication.

There were appropriate facilities to securely store medicines and the medicine room was kept locked. Records relating to medicines including stock control were completed accurately and stored securely. The medicine received, administered and returned to the pharmacy was recorded correctly.

Is the service effective?

Our findings

People and their relatives who lived at the service were positive about the knowledge and skills of the staff who worked at the home. One person said, "They do whatever I want, I do not have to ask for anything." A relative told us, "They know what they are doing."

Most staff had been working at the service for a long time but we were able to see that one recent recruit had completed an induction in line with the care certificate. These are recognised training and care standards expected of care staff. The registered provider supported the staff member with this induction and ensured that staff were supervised until the provider assessed they were competent to undertake care without support. One staff member told us, "I did my training then worked with the provider to make sure I knew how people liked to be cared for."

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in important topic matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, first aid, fire safety, safeguarding and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required.

As this was a small service staff were well supported and supervised by the provider who worked alongside them. Staff received regular supervisions and told us they could talk to the provider about anything. One staff member told us, "This is a family run business and it is more like a family home than a care home, so we talk to each other all the time."

We asked people who lived at the home about the foods on offer. People we spoke with were extremely happy about the quality and choice of foods available. Feedback included, "Food is really good, all home cooked," "Food is excellent; I always like what is on offer. I have bacon and eggs, it is very good food," "I remind them not to give me too much, there is a choice but they will always make something else if you want."

Relatives also spoke highly about the quality of the food, one relative said, "Food is good and freshly cooked and they do whatever they want for tea."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People living at the service were assessed as able to consent and make decisions about their care and treatment. The registered provider told us that they reviewed this regularly and would consult other

professionals if they were unsure about a person's ability to consent to their care and treatment. People living at the service had signed their care plans.

Most staff also understood the importance of promoting choice to people when supporting them. We observed throughout the inspection that people were offered choices related to all aspects of day to day care. One person told us, "I prefer to eat my meals in my room and they are okay with it."

People's care plans showed they had access to a range of health care professionals including, opticians, chiropodists, district nurses and GP's. It was positive to note that a physiotherapist visited the home on a weekly basis to support people to remain mobile and advise on any equipment people might require to support their mobility.

Is the service caring?

Our findings

There was a lovely homely atmosphere in the service, which was also home to the registered provider and their family. One person said, "It is great here, I have settled in nicely, everyone is so kind." Another person told us, "I am happy here, it is a wonderful place."

We observed staff chatting and laughing with people at the service and people chatting with each other. One person went to visit another person in their room and listen to them playing the piano, although everyone could hear it.

People and family members told us that that staff were caring and took into account their relative's needs. One relative told us, "It is home from home, and the staff are very caring they have time to sit and chat with [family member]. I am very happy it suits my [family member] perfectly." One person told us, "They are wonderful girls, I am very happy with all of them."

Staff knew people very well and told us that people were well cared for. One staff member said, "It is a family atmosphere and I love my job and look forward to coming in every day." When we spoke to people that used the service they told us that they received support from regular staff and knew their names.

We saw that staff were friendly and respectful when they spoke with people. When staff were providing support with personal care, they were discreet and made sure they treated people with dignity and respect when meeting their care needs. One person told us, "They always close my door and keep things private." Staff showed respect for privacy by knocking on doors and waiting for people to respond before they went into bedrooms. Staff also asked people what they wanted to do during the day.

People told us they were given choice about how their care was delivered. They were able to choose what they wanted day to day. At mealtimes, people were offered a choice of food and could decide where they wanted to eat their meal. Staff told us people were given as much choice as possible and would encourage people to choose how they wanted to occupy their time. One person told us they go out in the garden every day weather permitting. They said, "I like to get some fresh air as I exercised a lot when I was younger."

The environment was very homely and included a family pet, items that visiting relative's children could use to keep them occupied. People were able to personalise their rooms with photographs, pictures, and memorabilia.

There was information in each care plan about the history of the person concerned. There was also information about what was important to them in their daily life. This included the names of their important family and friends. The care plans included information so that staff were able to provide people with individualised care. There was information in people's care records about how people's goals and objectives were met. Each person had a daily diary which contained their appointments, visits by professionals and daily entries by staff about how the person had spent their day.

Is the service responsive?

Our findings

The registered provider was able to provide details about how they assessed people's needs before they moved to the service. They took into account whether they could meet their needs.

People who used the service confirmed they were involved in decisions about their support to ensure it was personalised to meeting their individual needs. People told us they had no complaints about the service and were happy with the way their support was provided. Although people had not made any complaints, they told us they were able to speak to staff, the registered provider if anything was worrying them.

Information in people's care records contained a range of information about their individual needs, to help care staff support their wishes and aspirations. We found people's care plans were reviewed and updated on a regular basis and found that people and their relatives were involved in this process. A relative told us, "We go through the care plan at reviews."

The service employed an activity co-ordinator who visited the service every afternoon and a range of activities were available to ensure people had opportunities to engage in meaningful social interaction. The activity worker was enthusiastic about ways of engaging with people to enable them have opportunities to be occupied.

The activity co-ordinator told they regularly asked people for suggestions and ideas so they can participate in things they enjoy. They told us, "I come in every day so I know people very well and what things they enjoy." They showed us examples of a person who is not so keen on the group activities but does beautiful drawings.

There were various items around the home that the activity co-ordinator and staff used for reminiscence sessions with people and entertainers regularly came into the home for parties and special occasions such as Easter, St David's day and Christmas.

We observed a group of people taking part in a game of dominoes and enjoying the game and the competition. One person told us, "I have won the scrabble four times now." We found people had opportunities to have time with staff and one person told us how pleased they were to have their piano to play. They told us, "I play every day, my piano is my whole life and I have played all over the world, so I was so pleased it was okay to have it here." We observed laughing as people took part in the activities provided and saw they enjoyed the friendly interaction from staff. One person said, "They do their utmost, I go to the activities, quizzes and sing songs, I have plenty to do." Another person told us, "I have visitors every afternoon, but I like the dominoes and the scrabble."

Is the service well-led?

Our findings

People who used the service and their relatives said they had confidence in the service and felt it was well-led. One person told us, "[Named registered provider] is brilliant, without her I would not be here." Another person told us, "I call [named registered provider] 'Mum', she is lovely." A third person told us, "It is very well run as things run smoothly here."

We saw that the service had a 'family culture' and the provider lived at the service, which meant that they regularly spoke to people about their care and treatment. Relatives told us that in their opinion the service was well run and they discussed things with the registered provider day to day. One relative said, "I talk to [named registered provider] and they will ask my opinion." They went on to explain after discussion with the registered provider and their family member they had changed the person's chair so it was more suitable.

Staff told us they were supported by the registered provider and enjoyed working at the service. One staff member said, "It is a nice home, more like a family home than an institution."

We saw evidence of medicine audits, food hygiene checks and cleanliness checks completed at the service but found other quality assurance processes were more informal. The registered provider had a very good oversight of the service and monitored the standards effectively. They were available day to day to support people that used the service, their family members and staff.

People's care records were well maintained and contained relevant information. All records examined including people's care records, personnel records and health and safety documents were up to date. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.

There were a range of policies and procedures in place that were reviewed annually. Staff were aware of procedures such as whistleblowing and were confident that they would be listened to if a situation arose where whistleblowing was necessary.