

Silverdale Care Homes Limited

Healey Lodge Residential Home

Inspection report

114 Manchester Road
Burnley
Lancashire
BB11 4HS

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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

About the service

Healey Lodge Residential Home is a residential care home providing personal and nursing care to 24 people. At the time of the inspection, there were 24 people living in the home, some of who were living with dementia.

The home is set in its own gardens and accommodation is provided on two floors.

People's experience of using this service and what we found

People were happy about the care and support they received and with the way the home was managed. They were complimentary about the registered manager and the staff team. The registered manager and the provider monitored all aspects of the service and took appropriate action to improve the service. The registered manager considered people's views about the quality of care provided and used the feedback to make improvements to the service.

People told us they felt safe and staff were kind, friendly and caring. Staff had access to safeguarding adults' procedures and understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work in the home and there were enough numbers of staff to meet people's needs and ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care needs were assessed prior to them living in the home. Arrangements were in place to ensure new staff received induction training. Staff received ongoing training, supervision and support. They felt valued and supported. People enjoyed the meals and were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed. People were happy with their bedrooms and the communal areas. A development plan was in place to ensure ongoing refurbishment and redecoration. We shared our concerns about the uneven driveway, with the registered manager. Following the inspection, we were told action was underway to obtain quotes.

Staff treated people with dignity, respect care and kindness and knew people well. Our observations during the inspection, were of positive and warm interactions between staff and people who lived in the home. Staff spoke with people in a friendly and patient manner and we overheard lots of laughter and friendly banter. Staff knew about people's backgrounds and about their routines and preferences and people told us they received the care they needed and wanted. People or their relatives, where appropriate, had been consulted about their care needs and had been involved in the care planning process.

People told us they enjoyed the activities, but they were limited at times. Prior to the inspection, the designated activity coordinator had left which meant some people's access to activities was dependent on staff availability. Recruitment of a replacement activity person was underway. People could raise any complaints or concerns if they needed to and had access to a complaint's procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Healey Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

Service and service type

Healey Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted local authority commissioners and asked them for their views about the service. We used all this information to plan our inspection.

During the inspection

During our inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home and with three relatives. We also spoke with the registered manager, the nominated individual, five staff members and a healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, two staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

Following the inspection

Following the inspection, we asked the provider to send us information about the safety of the driveway. This was promptly responded to.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Management and staff protected people from the risk of abuse. People told us they felt safe and were happy with the care they received. People said, "I feel safe and have never seen any instances of bullying." Relatives spoken with had no concerns about the safety of their family members.
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, skin integrity and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home and continually reviewed the level of staff using a dependency assessment tool which considered all aspects of people's needs. People said there were enough staff to meet their needs in a timely way.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting. We discussed, with the registered manager, maintaining a record of interview questions and responses to promote a fair process.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were received, stored, administered and disposed of safely. We discussed with the registered manager, how improvements could be made to consistently recording opening dates on boxed and bottled medicines and reviewing the security of the district nurse's cupboard.
- The service had consulted best practice guidance in relation to medicines management and policies and

procedures were available to all staff.

- Staff were suitably trained to administer medicines and the registered manager had carried out checks on their practice.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. Cleaning schedules were followed by staff.
- The provider had provided staff with hand washing facilities, such as liquid soap and paper towels and pedal operated waste bins to ensure staff could wash their hands before and after delivering care to help prevent the spread of infection. They were also provided with appropriate protective clothing, such as gloves and aprons.
- The provider had achieved a level five (good) rating at the Food Standards Agency check in 2019.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings, and during staff one to one support sessions.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with a range of appropriate training to ensure they could carry out their role effectively. Most staff had achieved a recognised qualification in care. The provider monitored staff training to ensure all staff completed their training in a timely manner.
- The provider made sure all new staff were given an in-depth induction to ensure they could carry out their role safely and competently.
- Staff were provided with regular support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role. They were complementary about the support they received from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager and staff provided people with varied snacks and drink choices throughout the day. People told us they enjoyed the meals. They said, "The food and choice of menu is varied on a daily basis and is of the highest quality" and, "The meals are good with lots of fresh vegetables." Catering staff were aware of people's food allergies and dietary preferences.
- We observed the lunchtime meal was not rushed; the atmosphere in the dining room was relaxed but quiet. The tables were appropriately set with menu cards, condiments and drinks. Most people ate in the dining room, others were being supported with their meals in the lounge area. We discussed with the registered manager, how the mealtime experience could be further improved for people living with dementia in respect of pictorial menus or visual choices of available meals and drinks and the use of adapted equipment such as plate guards.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented. This helped staff to recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. We spoke with a healthcare professional who provided positive feedback about the service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Adapting service, design, decoration to meet people's needs

- The provider made sure the design and layout of the home was suitable for people living there. Communal areas were comfortable and bright, bathrooms were appropriately adapted and there was access to safe gardens with outside seating areas. However, we noted the driveway was uneven in places and presented a potential risk to people. The provider told us quotes had been obtained and repair work would be completed this year. We asked the registered manager to keep us up to date with developments.
- People were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People were happy with their bedrooms and the communal areas.
- We noted some areas of the home needed redecoration. This had also been noted in the recent customer survey. The registered manager told us there were plans for ongoing redecoration and refurbishment. One person said, "It is not the most palatial place, but the staff are amazing."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, there was one authorisation approved by the local authority and additional applications had been made to the local authority. There were no conditions attached to the authorised DoLS.
- The registered manager worked with the local authority to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest.
- Staff had received training and demonstrated an understanding of the principles of the MCA.
- Staff made sure people were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible. One person said, "They always ask my permission before providing care."

- Staff recorded people's capacity to make decisions in the care plans. Where possible, some people had recorded their consent. Best interest meetings were held for some important decisions to ensure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process. Staff supported people to meet their spiritual and religious needs by the provision of regular religious services.
- People were complimentary of the care and support they received. They said, "Staff are considerate and kind", "Staff are all lovely, all of the time" and, "The staff know me better than anyone." Messages of appreciation highlighted the caring approach taken by staff. They included, "[Family member] received excellent care whilst in Healey Lodge and was happy there cared for by excellent staff" and, "The manager and her staff are excellent. They provide an excellent care service. Nothing is too much trouble and they meet her needs showing care, compassion and understanding of her problems."
- Staff interacted with people in a warm, kind, caring and friendly manner and people were comfortable in the presence of staff. Staff were consistently described as kind, caring, considerate and respectful. Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people. Staff knew about people's preferences and how best to care and support them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences.
- The registered manager and staff consulted people about their care needs. People confirmed they were able to make choices and decisions.
- Staff encouraged people to express their views as part of daily conversations and customer satisfaction surveys. Information displayed around the home helped keep people informed of proposed events and any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- The provider had policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. People told us they could spend time alone in their rooms if they wished. Staff encouraged and supported people to maintain their independence whenever possible. One person said, "My independence is supported here."
- Bathrooms, toilets and people's bedrooms were fitted with appropriate locks and we observed staff

knocked on doors and waited to enter. Some people held keys to their own bedrooms.

- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider made sure people had choice and control over their lives. People said, "They really try to meet our individual needs. I don't feel restricted here. I have choices. I'm as free as I can be here", "It is not regimented" and, "They [staff] all seem to respect my choices and have a nice manner."
- Staff reflected people's health, care and support needs and their preferences and daily routines in a care plan. Records were written in respectful way.
- Staff kept people's care plans under review which made sure they received the correct level of care and support. Some people, where possible, had been involved in reviews of their care plan and in decisions about their care, whilst other people were unaware of their care plans.
- The registered manager and staff recognised the importance of promoting people's equality and diversity and respecting their individual differences. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider, registered manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Information could be made available in a variety of formats, such as easy to read information to meet the communication needs of people and to give people more control over their lives. Further developmental work was being done in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. We observed one person independently attending to the gardens and another person visited the local shops. We saw other people watching TV, chatting with staff and each other and listening to music. However, some people's access to activities was limited and the weekly activity planner was not always followed. Prior to our inspection, the designated activity organiser had left and care staff were currently supporting people to take part in group and individual activities whenever possible. The registered manager told us interviews were being planned and this area would be improved when a suitable replacement activity organiser had been recruited. People told us they enjoyed singing, arts and crafts and arm chair exercises. A visitor said, "There do not seem to be many daily activities,

but they do have nice parties to celebrate birthdays."

- The registered manager was developing links with the local community and exploring resources available to support people to engage with community groups, particularly for people living with dementia. They had developed links with the local churches and local schools and they supported people to use community services by taking trips out with 1:1 support. This area would be further developed with the recruitment of an activity organiser.
- People were able to maintain contact with their friends and family, and friendships had developed within the service. Visitors said they were made to feel welcome.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns. The information was used to understand how they could improve or where they were doing well. Complaints had been responded to in line with the service's complaint's process.
- People had access to clear complaints procedures in the service information guide. People told us they had no complaints or concerns and felt confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. One person said, "The manager listens to me and reacts to everything that is said." A relative said, "I believe we would be listened to, even when it's a small matter."

End of life care and support

- The registered manager and staff had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available where people did not want to be resuscitated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. Everyone we spoke with was complimentary about the service. They told us they would not hesitate to recommend the service and described the home as well managed, homely and relaxed. They described staff as 'gold standard'.
- The registered manager empowered people to make decisions about their care and support. People told us they felt involved in the service and in decisions about their care.
- The provider ensured the culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. Management and staff knew people well and put these values into practice.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us managers and staff were open and honest. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider ensured there was a good standard of organisation within the service. Records maintained were accessible, completed to a good standard and used for auditing purposes.
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff team. The registered manager, at times, worked alongside staff carrying out care duties. People, relatives and staff made positive comments about the registered manager. They said, "The boss is very nice" and, "The manager seems to have her finger on the pulse."
- The provider had a schedule of audits which encompassed all aspects of the service, including checks on

staff practice and out of hours visits. When shortfalls were discovered, improvements were actioned.

- The provider made sure staff understood their individual responsibilities and contributions to service delivery.
- The registered manager and provider were knowledgeable about their legal responsibilities. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager actively supported people, their relatives and staff to be engaged in the development of the service.
- The registered manager encouraged feedback from people living in and visiting the home. The quality of the service was monitored regularly by speaking with people and sending out customer satisfaction surveys to monitor whether they were happy with the service.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes and had an 'open door' policy, so people could approach them directly. Staff told us they were kept up to date and they felt communication was good. People, their relatives and staff told us the registered manager was approachable and supportive.

Continuous learning and improving care

- The provider and registered manager encouraged a strong culture of continuous learning and development within the service. Plans to continue improvements within the service included further learning and development to achieve better understanding of dementia, recruitment of an activity organiser and ongoing refurbishment of the home.
- The registered manager attended meetings and forums to keep up to date and to develop her skills and knowledge.
- Staff meetings and handover meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager and nominated individual were open to feedback.

Working in partnership with others

- The registered manager worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the continued development of the service. For example, they attended local meetings and training presented by local commissioners and had developed links with the local Alzheimer's Society.
- The registered manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, the local police as well as social care professionals such as the safeguarding and social work teams.