

Danforth Care No.2 Limited

# Heath Lodge Care Home

## Inspection report

Heath Lodge Care Home  
Nightjar Road  
Holt  
NR25 6GA

Tel: 01263493116

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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

Heath Lodge Care Home is a residential care home providing the regulated activity personal care to up to 66 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 18 people using the service.

Heath Lodge Care Home is a purpose-built residential care home. The building consists of a downstairs unit and upstairs unit. On each floor there are communal lounges, a dining room, and kitchen facilities. In addition Heath Lodge provides a reading room, a cinema room, and secure gardens. All bedrooms included en-suite wet rooms, smart TV's and mini-fridges. At the time of our inspection people were accommodated in the downstairs unit.

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

People were supported to stay safe. Risks were assessed and actions to mitigate them taken. There were enough staff to meet people's needs, call bell records showed these were attended to promptly. People received their medicines as prescribed. We identified some areas of improvement were required around medicine records. The environment was clean and hygienic. Good infection control measures were taken.

People enjoyed the quality of the meals however we noted some improvements were needed to the mealtime experience. Holistic assessments of people's needs were carried out using nationally recognised assessment tools. People were supported by well trained staff. People's health needs were supported. Staff ensured people could access health services when required. The building was purpose built and people spoke positively of its design. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by individually caring staff. However, a lack of organisation in meeting requests from people at times caused frustration. People and relatives were supported to express their views on the support provided. People's dignity and independence was promoted.

People received person-centred care that met their needs. The activity provision in the home required further development. People and relatives felt able to raise concerns and these were responded to effectively.

A strong governance framework was in place. There was good oversight at both manager and provider level of the quality of the service. The provider was committed to ensuring a high quality service and was actively working to make improvements. There was a clear vision and staff understood the values expected of them. Recent changes to the management team had been positive. The manager was visible and approachable. Links with the local community were starting to develop.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 21 October 2022 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines management, staffing levels and training, and management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the full key question sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Heath Lodge Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors 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

Heath Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heath Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people using the service and 9 relatives of people using the service. We spoke with 8 staff, this included the care manager, the unit manager, 2 care assistants, the operations director, the registered manager, the regional manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we carried out observations of the support provided and reviewed the care records relating to 4 people's care and 2 people's medicines management. We reviewed a range of records related to the running of the service. This included audits, training records, meeting minutes, environmental risks, medicines stock control, storage and disposal, and records relating to incidents.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help identify safeguarding concerns and ensure these were reported as required.
- Staff had received training in adult safeguarding and knew how to report concerns if required.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and actions taken to mitigate these. People and relatives told us they felt safe.
- Risks were regularly reviewed by the management team to ensure any changes were identified and additional actions could be taken.
- Environmental risks had been assessed and required safety checks in relation to fire, water, and the general environmental were carried out.

Staffing and recruitment

- We received mixed feedback on staffing levels. People and relatives told us there had been a period of instability with staffing and some said they had needed to wait for assistance at times. Overall people and relatives told us they felt staffing in the home was improving and stabilising.
- The service had opened in February 2023 and staff had been recruited as the service grew. The provider had a clear staffing plan, which included recruitment, and regularly reviewed staffing needs within the service.
- We reviewed call bells times and audits. These showed call bells were answered within minutes and we did not identify any significant concerns with people waiting for assistance. Staff told us they felt staffing levels were sufficient.
- Staff were recruited safely. Checks were carried out to verify identify and character. This included undertaking Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Whilst people received their medicines as prescribed, we found medicine and care plan records had not always been updated to reflect changes to people's medicines.
- Guidance for staff on when to administer "as required" medicines did not provide sufficient detail. However, we did not identify any significant impact from this.
- The management team told us they would review these areas and take action to address.
- Medicines were stored safely and regularly audited to help identify any concerns.

- Staff had competency checks to ensure they were confident and able to administer medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- No restrictions were in place. We observed people had visitors throughout the day.

#### Learning lessons when things go wrong

- The provider had a good system in place to review incidents and identify any learning opportunities. For example, following a fall a root cause analysis was carried out to check for any underlying causes that could be addressed.
- Incidents were analysed to look for any trends and patterns. This supported staff to take action and target particular areas if needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives spoke positively about the quality of the food. However, some noted that meals were not always warm enough and did not feel portion sizes were generous.
- We observed the lunchtime meal and found improvements were needed in its organisation. People were seated very close together and this made it difficult for people to walk around and find available seats. People who preferred to eat in their rooms did not receive their lunch till 13:20 and were concerned about its late arrival.
- From people's feedback and our observations, we found further work was needed to ensure staff understood people's individual preferences and supported these.
- The management team had carried out mealtime audits and identified improvements in this area were needed. Following our inspection, they confirmed they had arranged additional training for staff in this area and were taking action to monitor and ensure improvements.

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

- Holistic assessments of people's needs were carried out. This included assessing people's needs in relation to the interests and any cultural or spiritual needs. People and relatives told us they felt these were in-depth and their needs and choices had been considered. One relative said, "They did a full assessment, and a thorough handover from [name] which was their previous care home."
- Nationally recognised assessment tools were used which demonstrated the provider was aware of best practice.

Staff support: induction, training, skills and experience

- Staff were supported with a good range of training which supported people's individual needs. Staff spoke positively about this training and the support they received when first starting to work at the service.
- The management team actively evaluated staff competency and knowledge. They were proactive and supportive in identifying areas for staff to develop.
- New staff received an induction prior to starting to work in the service.

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

- People were supported to access routine health care services when required, such as chiropodists and opticians.
- Staff identified when people would benefit from onward referrals to health and social care professionals.

For example, making referrals to external falls teams when people had experienced falls.

- People's health needs were considered. Specific care plans were in place to provide guidance for staff in relation to these.

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

- The building was purpose built and offered plenty of communal space to allow people to socialise and also spend time quietly on their own if they choose. The garden was accessible to people.
- The physical environment was clean and well maintained. People and relative's spoke positively of the building design. One relative told us, "The location and the building, which we chose as it's very much like (family member's) home. Modern and light."
- Some relatives raised concerns about how hot the building could get and bright sunlight coming into rooms. On the day we visited we noted the service had air conditioning in place but the impact of this was reduced due to windows and doors being open in line with people's preferences. We discussed this with the management team who said they would review and discuss people's preferences in relation to measures that could be taken, such as installing blinds.

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 MCA 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.

- People's capacity to consent had been assessed where required. People and relatives told us staff sought their consent when providing support. One person said, "I'm not restricted. I please myself and the staff respect that."
- Staff had considered if applications for DoLS authorisations were needed and had made these appropriately.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives felt individual staff were kind and caring, but that organisational issues at times impacted on their responsiveness to requests for support. One relative said, "[Staff are] okay, pleasant enough. They're disorganised. Staff say they'll get something or do something and don't come back. It's frustrating for [name]."
- The management team told us they were aware further work was needed to ensure shifts were better organised and staff more responsive to people's requests. A plan was in place to ensure improvements were made and this area was being monitored.
- People and relatives felt they had seen some recent improvements in this area following changes to the staff team, including the manager of the service. One relative told us, "The carers that are there now are very very good and very very loving. They adore [family member]." A person said, "The staff are kind people and so patient with everyone. I do talk to them about things."

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

- People and relatives were supported to voice their opinions and be involved in their care. One relative told us, "Oh very much. I was involved in the initial care plan and it's evolving with further needs."
- Care plans were discussed with people and relatives, and their preferences were reflected within these. A relative said, "We're having a case review as [family member's] needs are changing quite rapidly."
- Relatives spoke positively about the communication in the service. Staff ensured they were informed if people's needs changed and their views on these sought. One relative told us, "If anything happens, if [family member] sees the doctor they phone me on the day."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they felt staff supported them with dignity and supported their privacy. We observed respectful and pleasant interactions during our visit.
- Written records referred to people with respect and upheld their dignity.
- Staff supported people's independence. A relative told us, "The staff encourage [family member] to do things for themselves".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through person-centred care.

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

- People received person-centred care that met their individual needs. People and relatives told us they were in control of how they spent their day and what they chose to do. A relative said, "It's responsive and personable."
- Care plans contained person-centred detail, which included people's life histories and personal preferences around the support they needed.
- We identified positive actions that staff had taken to ensure people felt well supported in relation to their individual needs. For example, one person had a love of nature. Staff had hung a bird feeder outside their window and were building a hedgehog house to go in the garden area outside their room. Another person had a love of music and staff had facilitated the use of a piano and sheet music so the person could continue to play.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed. Where required, visual information was provided to people, such as menus and visual activity timetables.

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 and relatives told us activity provision in the home needed to be developed. The provider had recently appointed an activities co-ordinator who was due to start working in the service. A relative said, "I'm glad to hear there's a lifestyle coordinator starting soon. There's needs to be more going on even with only 18 residents. It's pretty quiet here at the moment."
- The management team acknowledged that the service had been opened in February and activity provision was still being developed. We observed an activity timetable was now in place and activities were on offer each day. The new manager had started to make contact with external groups, such as Pets as Therapy (PAT) dogs, and a local intergeneration group, to support visits and activities within the home.

Improving care quality in response to complaints or concerns

- A complaints process was in place and information on how to complain was provided to people and

relatives.

- People and relatives told us they felt able to raise concerns.
- When concerns had been raised, we found the management team had responded openly and honestly. Positive and proactive actions had been taken to address any concerns raised. A relative told us, "Everything I have flagged up gets acted on."

End of life care and support

- At the time of the inspection no one using the service needed end of life care and support.
- People were supported to consider their end of life wishes and care plans were in place regarding this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a clear vision and values that were communicated to staff. This included emphasising how to support person-centred care. We found staff understood what person-centred care looked like and how to support this.
- The management team monitored how these values were acted on by staff and took action to address any shortfalls. A staff member told us, "They are picky with who they recruit. The care staff are amazing and hard working. [Some] care homes will employ anyone and that's not the case here."
- There had been recent changes to the management team in the service. This had resulted in stronger more visible leadership. Staff and relatives spoke positively about the new managers, noting improvements in how the service was run. One staff member said, "So much better under new managers." Whilst a relative told us, "The standard has gone up massively in the last month or so. I like going in to visit [family member] it's a good experience."
- Systems were in place to engage people, relatives, and staff. For example, through regular meetings and a comments box. People, relatives, and staff told us they felt the communication was good and they felt listened to and supported.

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 provider understood their responsibilities under duty of candour. We found the management team had an open and honest approach.
- Where incidents had occurred people and relatives were informed and full discussions took place.

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

- There was a strong governance framework. This ensured managers had good oversight of risks and quality.
- There was good supportive provider oversight. Senior managers were visible in the service and ensured where issues were raised that they visited to check these themselves.
- Where this inspection had identified issues, we found governance systems in the home had also identified these. Actions to make improvements had already been taken and these were being monitored. This meant we assured that governance systems were effective and actions to improve the quality of the service would

be taken.

Continuous learning and improving care; Working in partnership with others

- The service had opened in February 2023. It was clear from talking to people, relatives, and staff that there had been issues in the service delivery. Relatives and staff told us they felt the management team had a drive to improve the service and that recent changes had supported improvements. One relative told us, "I think they are striving" whilst another said, "they have done a good job turning it around."
- There was a clear improvement plan in place. This demonstrated the provider had a commitment to growing and achieving a very high-quality service.
- The new manager had started to make links with community groups such as the local dementia café and local schools to help foster a wider sense of community.