

Heath Cottage Care Home Ltd

# Heath Cottage

## Inspection report

119 Station Road  
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Greater Manchester  
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Date of inspection visit:

10 June 2021

14 June 2021

18 June 2021

Date of publication:

02 August 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Heath Cottage is a residential care home located in the Salford area of Greater Manchester and is operated by Heath Cottage Care Home Ltd. The service is registered with the Care Quality Commission (CQC) to provide care for up to 28 people. At the time of our inspection, there were 21 people living at the home.

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

People living at the home and their relatives told us they felt Heath Cottage was a safe place to live.

Safeguarding allegations were reported to the local authority for further investigation, medicines were managed safely and we observed people being supported to maintain good mobility.

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. Staff received the necessary induction, training and supervision to support them in their roles. People told us they liked the food provided at the home and the home had good links with other health care professionals such as dieticians and the speech and language therapy (SALT) team. Deprivation of Liberty Safeguards (DoLS) applications were submitted to the local authority as required.

Auditing and governance systems were in place at both provider and managerial level. Staff meetings took place which enable staff to discuss their work to drive improvements. Staff said they enjoyed their work and spoke of a positive culture at the home.

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 and update

The last rating for this service was requires improvement (published August 2019) and the provider was in breach of regulations relating to safe care and treatment, need for consent and good governance. At this inspection, enough improvement had been made and the provider was no longer in breach of the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, and well-led which contain those requirements.

Prior to this inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions (responsive and caring). We therefore did not inspect them. Ratings

from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control (IPC) measures under the Safe key question. We look at this at all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heath Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk). You can see what action we have asked the service to take at the end of this report.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Heath Cottage

## 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.

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

This inspection was carried out by an 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

Heath Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with CQC. This means 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

The inspection was announced.

Inspection activity was carried out between 10 and 18 June 2021. We visited the home on 14 June 2021. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We also spoke with four members of staff including the registered manager, managing director and two care staff.

We reviewed a range of records. This included four people's care records and a selection of medication administration records (MAR). We also looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

#### After the inspection

We continued to seek clarification from the service to validate evidence found following our site visit.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure safe infection control procedures were followed, as well as several environmental risks which were not effectively managed. Medicines were not always stored and recorded safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines were stored, recorded and administered safely. At our last inspection, records regarding people's drink thickeners were not maintained by staff and drink thickeners were not stored securely. At this inspection however, none were currently prescribed for people, therefore we will report on this further at our next inspection of the service.
- During the inspection we looked at three medicines administration records (MAR's) which were all completed accurately with no missing signatures by staff.
- Medicines were stored in secure trollies, within a treatment room which was always locked when not in use. Medication fridge temperature checks were completed to ensure medicines did not spoil and remained safe to be administered.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. A relative said to us, "As far as I am aware, my dad receives his medication correctly, Initially, there was confusion. When we brought him in, we were not sure of his medication but as soon as he got to the home, it was. quickly resolved."

### Assessing risk, safety monitoring and management;

- At our last inspection we observed several environmental risks such as trailing wires in communal areas which presented a trip hazard to people. This had now been addressed.
- People living at the home had a range of risk assessments in place regarding their care. These covered skin integrity, falls, moving and handling and nutrition.
- The premises and equipment were safe to use. Appropriate maintenance work had also been carried out regarding gas safety, electrical installation, the passenger lift, hoists and portable appliance testing (PAT). Window restrictors had been fitted to manage the risks of people falling from height.
- People had access to necessary equipment to help keep their skin safe and in good condition. For example, pressure relieving cushions to help prevent the risk of skin break down. We also saw people being supported with stand aids and using zimmer frames/walking sticks to help maintain good mobility.

## Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, some relatives told us they felt the home environment was 'tired' and 'dated' in certain areas. We provided this feedback to the provider who took this onboard, although felt certain aspects would be difficult to improve due to the layout and age of the building.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was preventing visitors from catching and spreading infections. At the last inspection we observed several unclean areas of the home, including carpets with food trodden into them. This had now been addressed.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with government guidance.

## Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people living at the home and relatives told us they felt the service was safe.
- Staff had received safeguarding training and when spoken with, displayed an understanding about safeguarding procedures and how to report concerns.
- Allegations of abuse were reported to the local authority for further investigation.
- Accidents and incidents were recorded, with information detailed about actions taken to prevent re-occurrence.

## Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- There were enough staff to care for people safely and the feedback from relatives and people living at the home was that current staffing levels were sufficient. One member of staff said, "There are enough staff and we can meet people's need with these staffing levels."

# 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 Requires Improvement. At this inspection, this key has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure decisions taken when people lacked capacity were in their best interests. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- At the last inspection, best interest and decision specific mental capacity assessments were not completed where restrictive measures were in place. This included the use of restrictions such as the use of sensor mats, bed rails and covert medication. We saw these were now being completed as required.
- DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received. Applications were made to re-apply for these when they were due to expire.
- Staff understood about the MCA and were aware of when DoLS applications were required.

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

- People living at the home said they liked the food and drink provided at the home.
- People at risk of choking and aspiration received the correct consistency of food and drink. The home

liaised with the speech and language therapy (SALT) service where there concerns about people's swallowing abilities.

- People's body weight was monitored and where people were at risk of losing weight, they had been referred to the dietician service for further support and guidance. People's malnutrition universal screening tool (MUST) score was kept under review to ensure any weight loss could be monitored.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to support them in their roles. The home's training matrix detailed the training staff had completed. A member of staff said, "We get enough training, both online and practical for things like moving and handling."

- Staff told us they received supervision as part of their ongoing development and we saw records of these taking place within staff files, as well as appraisals.

- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Records of these visits were maintained by staff.

- Pre-admission assessments had been completed when people first moved into the home. These documented people's likes and dislikes and contained useful information to help the service deliver person centred care.

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

- We looked around the home environment to ensure it was suitable for people living with dementia. People had been able to add personal memorabilia and a photograph to the door making it easier to identify. Photographs of the local Salford area were also displayed on the wall for people to relate to.

- Signage was also clear around the building, guiding people to different areas of the home. There was disabled access and a passenger lift to get to the first floor of the home for people with reduced mobility.

# 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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to monitor the quality of service effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, we identified concerns regarding the effectiveness of the homes governance systems and regulatory breaches were identified regarding consent, environmental risks, medication and infection control.
- An effective audit system was now in place and covered areas such as care delivery, infection control, skin care, seeking consent and nutrition/hydration. Observations were recorded and actions set if there were any short falls.
- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys to obtain feedback. Staff and resident/relative meetings were also held so that feedback could be sought and used to make improvements.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from everybody we spoke with about management and leadership at the home. One member of staff said, "I've never had a problem and all issues are dealt with. Very supportive with any personal issued as well."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "It's all going perfect. It is a good place to work and we all get on well."
- People living at the home achieved good outcomes and through observations and reviewing records, we found people received the care they required.

Working in partnership with others; 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 home worked in partnership with a number of other agencies in the Salford area, including social workers, GPs and district nurses
- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.

- The provider and manager understood the regulatory requirements. They pro-actively provided information to CQC following significant events at the service and their rating was displayed in the main reception of the home.