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Heathcote Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Heathcote Care Home is a residential care home for 17 people with dementia and mental health needs. The building offers accommodation over three floors with lift access to the first floor. People have access to communal lounge and dining areas, a conservatory and enclosed, accessible rear garden.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Some areas of the home were not clean during our inspection and there were some small areas of malodour. Some carpets also needed replacing and this was in progress.

People were protected from the risks of abuse and staff understood how to report any concerns. Risks people faced were understood and safely managed and people received their medicines as prescribed. There were enough, safely recruited staff to support people and staff were familiar to people. Where there were any accidents or incidents, these were recorded and any actions and learning shared with staff.

People had their needs assessed before moving to Heathcote and the information was used as the basis for care plans. Details about people's spiritual, cultural and religious needs were understood and respected. People had choices about all aspects of their care and we observed staff seeking consent from people about their care and treatment. People were positive about the meal options available to them and had access to healthcare professionals where needed. The home used signage to help people to orientate around and there was access to a secure garden for people.

Staff were kind and compassionate in their approach and interactions were caring and tactile. Staff knew people well and several told us that they cared for people as if they were their own family. Visitors were welcomed and professionals involved with the service were positive about staff understanding of people's needs and interactions. People had their privacy and dignity respected and were enabled to be as independent as they wished.

People were supported to spend time in a variety of social opportunities and technology was used with some people to support this. People and relatives were involved in decisions about their support and care plans were regularly reviewed. Feedback indicated that people and relatives would be confident to raise concerns if they needed to. End of life preferences were in the process of being recorded for each person.

People, relatives and staff were positive about the management of the home and feedback was sought through meetings and informally. Staff were positive about their roles and responsibilities and received regular supervision and training. Quality assurance processes were regular and used to discuss as a management team where changes and actions were required.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Heathcote Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 April 2018 and was unannounced. The inspection continued on 16 April 2018 and was announced.

The inspection was carried out by one inspector and an expert by experience on the first day and by one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care home services.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with six people who used the service and three relatives. We also spoke with nine members of staff, the operations manager, quality manager, clinical manager and the registered manager. We spoke with three professionals who had knowledge of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included three care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety

records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Following our inspection visit, we requested further documentation from the service. We requested copies of advance care plans for at least two people and assurances from the registered manager regarding interim cleaning arrangements and replacement of carpets at Heathcote. This information was provided promptly by email.

Good

Is the service safe?

Our findings

People were not consistently supported in an environment which was clean, safe and free from malodour. At the time of inspection, the home was in the process of filling a vacancy for a cleaner and we found that some bedrooms had toilets which were not clean, evidence of food debris on bedroom floors and a strong malodour in one bedroom. Some areas of the home were in the process of being re-carpeted and this meant that there were areas where flooring was uneven and could present a risk to people walking particularly one corridor of the first floor and the steps leading to the second floor bedrooms. The provider told us that the new carpets were due to be completed within 3 weeks. Communal areas of the home were clean and we saw a cleaner on our second day of inspection.

We received positive feedback from people, relatives and professionals who told us that the service was clean and odour free when they visited. Comments included "cleanliness has never been an issue, no malodour", "most of the time its clean, sometimes smell in the toilet but it is clean", "its always spotless and no smells". We told the provider about the observations we had made and they confirmed that the lapse in cleaning was a temporary situation due to staffing. They sent confirmation by email following the inspection that the new cleaner had started in post and that existing staff had been assisting in the interim to ensure that the home was clean and people were protected from the spread of infection.

Infection control audits were carried out regularly and staff had access to appropriate Personal Protective Equipment(PPE) which we saw being used during the inspection. Staff told us that there was always PPE available and that this was used when serving food or assisting people with personal care. There were systems for ordering additional stock when needed.

People were supported from the risks of abuse by staff who understood the potential signs and told us that they would be confident to report any concerns. One staff member explained that they would be aware of "a person flinching away or crying", another explained they would look for changes in facial expression or body language. There was a safeguarding policy in plac ehiwhc was accessible for staff and included details about types of abuse, case studies and external contacts. People were protected from discrimination because staff had completed training in equality and diversity and recognised and respected people's individuality.

Staff had a good understanding of the risks people faced and their role in managing these. Risk assessments were detailed and included actions in place to manage risk. For example, one person was at risk of developing pressure areas, they had pressure relieving equipment in place and staff regularly assisted the person to change position and recorded this. Another person required thickened fluids to drink safely. This had been assessed by a speech and language therapist and staff were aware of the consistency of fluids and made the person drinks in this way to ensure this risk was managed.

People were supported by sufficient numbers of staff to meet their assessed needs. We observed that call bells were answered without delay and that where people needed two staff to assist them safely, this was available. People and relatives told us that there were enough staff to provide support and involved professionals explained that they saw familiar staff when they visited the home and that staff were always

available to update them about people.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people.

Staff ensured that people received their medicines as prescribed and we saw that recording and disposal systems were in place. The medicines room did not have any regular temperature checks to ensure that medicines were stored safely and the deputy manager told us that these would be put into place.
Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment.

Accidents and incidents were reported by staff, recorded and used to identify any learning or actions needed. A deputy manager explained that they shared any reportable incidents and ensured that they provided feedback in staff meetings about any changes as a result of incidents to ensure that they learnt from these. Staff told us how they reported incidents and what had happened as a result.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Where people were unable to make decisions in relation to specific areas of their care and treatment, assessments of capacity and decisions in people's best interests had been made. Where people had legal arrangements in place to manage decisions about their support, these were recorded and copies included in their care plans. MCA assessments were decision specific and included explanations of how decisions had been made. Best interests decisions included those important to people and again, explained how decisions had been made.

Where people had DoLS authorisations in place, these were recorded and applications made when they were due to expire.

People had pre-assessments in place which were completed before they moved to Heathcote and used to identify whether the service would be able to meet their identified needs. This information was also used as the basis for the person's care plan. We saw that these assessments covered all areas of the persons life including their cultural and spiritual needs and views of those important to them.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Topics included dementia, diet and nutrition, coping with aggression and risk assessment. Staff received regular supervision and an annual appraisal which provided the opportunity to discuss learning and development opportunities, share any concerns and reflect on good practice.

New staff to the home were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

People were supported to have a balanced diet and where people needed foods prepared in a certain way

to eat safely, this was accommodated. The service used a meal delivery company who provided meals whch met people's individual dietary requirements. There were choices available and staff prepares alternatives for people if the options were not wanted. We observed that people ate well and feedback was positive about the meals on offer. Staff had all received food hygiene training. One person explained that there was always plenty to eat and drink and they were always able to ask for more if they wanted.

People were supported to receive person centred, consistent support when they went to hospital or transferred between services. People's care plans included transfer information which would be given to emergency services to ensure that relevant information about people was shared so that they could receive appropriate care. Heathcote were also using the 'red bag pathway', designed by the National Institute for Health and Care Excellence(NICE) to support transitions for people. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them.

People were supported to receive prompt access to healthcare services when required. Involved professionals told us that staff sought advice and referred appropriately and were able to provide up to date information about people when asked. Records showed that people had access to a range of healthcare professionals including District Nurses, Chiropodists and Opticians. Comments from professionals included " They(staff) ring up with any concerns, I get a lot of support here", "referrals are made promptly and (staff) seek advice when needed".

People were able to access all areas of the home and go out if they wished. Some people liked to smoke and were able to access an outside space to do this independently. The home has signage which included pictures to help people to orientate and instead of room numbers, people's bedrooms had a photograph of themselves which again, assisted them to know which bedroom was theirs. We observed people accessing the garden during the inspection to read or have a cup of tea and staff told us that they would ensure that people had privacy in their rooms to maintain relationships with loved ones where needed.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and compassionate. We observed staff interacting with people using tactile contact and conversation about topics which were of interest to people. Staff were knowledgeable about people and their history. One staff member explained about a person's history and what Heathcote were doing to try to ensure that the person continued to live in the way they had previous to moving in to the home. When people were becoming agitated or upset, we observed that staff spent one to one time with them, interacting in ways which helped to calm the person. A professional told us "interactions are good, (staff) seem friendly with the patiets and know them well". A relative explained "they(staff) seem to really love (name), they treat them like a family member, they are really personal with (name)".

People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. For example, one person chose to sleep in later on one day of our inspection and their medicines and meals were moved to accommodate their wishes. One person explained "the home is very flexible in its approach to residents needs and wishes". We observed staff asking people for their choices about all aspects of their day, including where they spent their time, to what they wished to do and what they ate and drank.

Staff communicated with people in ways which were meaningful to them. For example, we observed staff kneeling with people so that they were able to see their faces when they spoke with them. Staff explained how they used facial expression to undersyand where people were unable to verbally communicate their needs and wishes and we saw that pictures of meals were used so that people could see the options and indicate their choices. Where people were unable to verbally communicate if they were in pain, the home had pain assessment charts in place so that people could communicate this using pictures.

Staff were respectful of people's privacy and dignity and we observed that they knocked and waited before entering people's bedrooms. Doors were closed while personal care was provided and when a person had some food on their chin, staff gently wiped this away to respect their dignity. Staff explained that one person had always taken a particular pride in how they dressed and they ensured that their clothes were dry cleaned and that the person was neatly presented before they went out into the community because this was important to them. Another person was engaged with a member of staff using the internet to choose some clothes to order. A staff member had spent time with a person styling their hair. Staff told us that the person had enjoyed this and we observed the person chatting about this with staff. A photo had been taken with the person's permission to send to their family which the person had been excited about.

People were supported to be independent and examples included one person who took responsibility for watering the plants in the garden regularly, a person volunteering locally on a regular basis and people attending local community groups regularly.

Relatives and visitors explained that they felt welcomed when they visited Heathcote and were able to come whenever they wished. Feeback was positive and comments included "they(staff) are lovely, I'm made to

feel welcome", "you can see they(staff) care for (name), they interact really well".

Visitors were asked to sign in when they arrived at the home and we observed that records were stored confidentially and only taken out to be updated.

Good

Is the service responsive?

Our findings

People had care plans which were person centred and included details about what was important to them and their likes and dislikes. Records reflected monthly reviews and we saw that updates were made where there were changes in people's presenting needs. Staff knew people well and were able to tell us about their individual preferences and how they supported these. Communication between staff was effective and meant that staff could be responsive to people's changing needs. A staff member explained that they had regular handovers and also used a communication book to share relevent information. We observed staff updating each other about how people were and what support they required.

People were supported to engage in a range of social opportunities and a pictoral weekly board showed what was planned each day. There was an activities co-ordinator at Heathcote who explained that they used an individual approach and were flexible to people's changing needs and wishes. Examples included supporting relatives to take a person out to provide additional support and reassurance, taking a person to the bank at their request regularly because tis was important to them and contacting a local church because a person had expressed a wish to attend their previous church services. Some people were supported in bed and the activities co-ordinator explained that they spent time in a range of ways including aromatherapy, reminiscence and interacting with sensory items. One person had previously had a very active social life and staff had worked with them to arrange a weekly programme of options for them to engage in the community. This plan included options each day for the person and they decided on a day to day basis what they wanted to do depending on how they felt. These wishes were respected and supported by staff to enable the person to continue to live a full and active life within the local community.

Technology was used with people in different ways. These included one person using a touch screen device regularly to look up the football scores and use email and another person who was supported by staff to choose and order clothes.

Heathcote was visited regularly by a local church and services were also helpd regularly at the home for those who wanted to attend. Where it was important to people's beliefs that they attend church, this was arranged regularly. People's spiritual, cultural and religious beliefs were understood by staff and respected. Records reflected peoples beliefs and what support they required from staff to support these.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. We observed one person had poor eyesight, Heathcote had trialled audio books with the person and regularly obtained larger print books as this was their preference. They had also trialled other equipment to enable the person to read as this was important to them and we saw that staff spent time reading the paper to them when they were unable to do this because of the print size.

The service had not received any complaints in the 12 months prior to our inspection, however people and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. There was a complaints policy in place which included details of the process, timescales for complaints to be investigated and responded to, and information about external agencies including the local government and social care ombudsman.

Heathcote did not have advance care plans in place which reflected people's wishes and preferences for their end of life care. The deputy manager showed us the paperwork which included the person's preferred place to receive care and their spiritual and religious beliefs and wishes. The deputy manager told us that they would ensure that these were completed with people and their families so that their wishes were documented. Three completed advance care plans were sent to us after the inspection and the deputy manager confirmed that they were completing the remaining plans as a priority. Care records included decisions on whether they would or would not want resuscitation to be attempted and there was a policy in place which included best practice guidance about end of life care.

Good

Is the service well-led?

Our findings

People and relatives told us that the service was well organised and the management team were available, approachable and helpful. One relative explained that the registered manager was "approachable, very nice. Id be happy to raise any concerns…..i think they do a very good job". A person told us that they felt the home was well run and organised and another explained that they knew the registered manager very well.

There was a registered manager 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 not available during the inspection but the service had three deputy managers who we were able to speak with to answer queries and provide information about the service.

Staff were confident in their role and were able to explain the staff structure and responsibilities. Deputy managers worked with staff as well as having additional responsibiolities including audits and staff supervision. This enabled informal montoring of staff practice and any competency issues were raised promptly, discussed and monitored. Staff spoke positively about working at Heathcote and told us that they were encouraged to develop and take on additional learning opportunities. Staff had regular meetings and were encouraged to provide person centred care for people. Several staff told us that they treated people living at the home as though they were their own family.

Heathcote worked in partnership with other agencies and sought advice and guidance where needed. The deputy manager explained that they contact the local authority safeguarding team and clinical commissioning group where needed to seek advice and had referred to other external agencies including a specialist dementia servicewhen they needed specialist input to effectively support a person. They had regular contact with the local community mental health team and worked closely with them to provide joined up care for people.

People and relatives were able to feedback informally about the service and there were regular meetings arranged where updates were shared and issues and feedback invited. Minutes were avialbale for these and relatives told us that they felt involved in the support their loved ones received. Formal feedback was through an online system but no reviews had been received at the time of inspection. The home kept a compliments record which showed positive feedback received from people and their loves ones. One compliment explained that a person had received 'individual one to one care and all of (names) daily growing needs have been assessed and attended to. (Names) care has been consistent and professionally delivered".

Quality assurance measures were regular and used to identify gaps and drive changes where needed. The management team shared responsibility for different areas of oversight for Heathcote and outcomes of audits and moniroting were shared at management meetings and any actions planned. Competency checks were carried out for staff who administered medicines and other audits included monitoring other areas of

practice including use of PPE and hand washing techniques.