

Allandale Care Group Limited

Heathermount Residential Home

Inspection report

Heathermount
Mount Avenue
Wirral
Merseyside
CH60 4RH

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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

Heathermount Residential Home is a care home providing personal care to up to older 16 people. At the time of the inspection there were 15 people living in the home, some of whom were living with dementia.

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

The service was creative and innovative in supporting people to live well. People had plans of care that reflected their individual needs and preferences and support was flexible and responsive to people's changing needs. Staff worked hard to support people to continue hobbies and interests of their choice. People received caring and compassionate end of life care, from staff who had been well trained and were motivated to make a difference to people. People's lives were celebrated and actions taken to help ensure people were remembered.

People told us they were treated well by staff and their privacy and dignity was maintained. Systems were in place to gather feedback from people and we were told of examples of how things had changed based on this feedback.

Staff were supported in their roles and received regular training. Champion roles had been developed to help ensure people's assessed needs could be met effectively by staff with up to date knowledge. People's nutritional needs were known and met and people enjoyed the choice and quality of food available. Applications to deprive people of their liberty had been made appropriately. People's consent to their care was sought and records that recorded this were further improved following the inspection. 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 told us they felt safe living in Heathermount. The building was safely maintained and risks to people had been assessed. There were sufficient staff available to support people in a timely way and records showed they had been recruited safely. People received their medicines as prescribed and any accidents were robustly reviewed in order to learn lessons and prevent recurrence.

Effective systems were in place to monitor the quality and safety of the service. Staff felt well supported and enjoyed their roles. People told us the home was well managed and that they could raise any concerns they had in the knowledge they would be listened to. The registered manager worked to continually improve the service and responsive actions were taken based on feedback provided throughout the inspection process.

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 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

Heathermount 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

This inspection was undertaken by one inspector.

Service and service type

Heathermount Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the registered manager and general manager (who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition to this, we gained feedback from the chef and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received updates from the provider regarding actions taken in response to the feedback provided. We requested feedback from health professionals who had worked with the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Contact details for the local safeguarding team were on display in the home for all to refer to and we saw that referrals to the local safeguarding team had been made appropriately.
- A safeguarding policy was in place to guide staff in their practice. Staff were knowledgeable about safeguarding processes and told us they would report any concerns immediately. A whistleblowing policy was also in place, and staff were aware of the procedures to follow with regards to this.
- Comprehensive investigations were undertaken when any concerns were raised.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the home and could speak with staff if they had any concerns.
- All rooms had an emergency pull cord and those people assessed as high risk of falls, had a separate falls sensor. The registered manager told us a new call system was due to be installed and this would include call bells in each room and the ability to attach motion sensors and other alarms if required.
- Individual risks to people had been assessed and measures were in place to mitigate any identified risks.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff were aware of emergency procedures and had been trained in the use of evacuation equipment.

Staffing and recruitment

- Staff were recruited safely as all required pre-employment checks had been completed to ensure staff were suitable to work with vulnerable people.
- When agency staff worked in the home, information was received from the agency to ensure they had been recruited safely and had the necessary skills to support people safely.
- There were sufficient numbers of staff on duty to meet people's needs in a timely way. One person told us, "They come as quick as they can."

Using medicines safely

- People had their medicines administered by staff who had undertaken relevant training and had their competency assessed.
- Medications were stored securely in rooms and fridges that had temperatures monitored daily.
- Records of administration were maintained and usually completed comprehensively.
- People who were prescribed medicines as and when needed (PRN), had protocols in place to guide staff when their medicines should be administered.
- When people administered their own medicines, risk assessments were completed to ensure they could complete this safely. Secure storage was available in bedrooms for medications.

Preventing and controlling infection

- Gloves and aprons were available to staff to help prevent the spread of infection and these were used appropriately.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance.
- The home appeared clean and well maintained.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. They were reviewed each month to look for themes or trends to establish if any risk reducing measures could be implemented.
- Records showed that appropriate actions had been taken following incidents.

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. 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

- People's needs were assessed prior to them moving into the home, so that staff were aware of people's needs and to ensure they could be met effectively.
- Champion roles had been developed to help promote best practice in areas such as dignity, diabetes, end of life care and dementia.
- Staff had access to best practice guidance to help guide their practice, such as NICE guidelines, information from the local authority forum and updates from Skills for Care.
- Transfer forms had been completed to ensure people's essential information could be effectively shared with other professionals when required, such as when admitted to hospital.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction during their probation period.
- All staff told us they felt well supported in their roles. They received regular supervisions and an annual appraisal and could speak with the registered manager at any time if they had any concerns.
- Staff told us, and records confirmed, that staff completed regular training to ensure they had the necessary skills to meet people's needs.

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

- People told us they always had enough to eat and drink, that the food was nice and there was always a choice of meal. One person told us, "There is always a choice of food and it is good" and another person said, "Meals are excellent."
- Menus were on display within the home and snacks and drinks available in the lounge. Jugs of fresh water were also provided in people's bedrooms.
- People's dietary needs were assessed and known by staff. When there were concerns regarding people's dietary intake, this was monitored and recorded.
- The chef was aware of specialist diets required and this information was stored in the kitchen. There was also a folder containing pictures of all meals available, to support people with choice and decision making if needed.

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

- When needed, referrals were made to health professionals in a timely way for their specialist advice.
- People were supported to medical appointments when required.

- A local GP visited the home each week to review people's health and wellbeing. Any advice provided was clearly recorded within people's care files.
- When people had diagnosed medical conditions, information regarding this was available in people's care files. This helped staff have knowledge of the condition and an understanding of how it may impact on the person, to be able to effectively support them.

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

- Pictorial signs were in place to help guide and orientate people in the home who were living with dementia. People's bedroom doors included a photograph, name and room number and a memory boxes were installed next to the doors. These had been filled with pictures and items that the person would recognise and help them identify their room.
- Rooms were personalised and reflected the individual, with photographs, furniture and pictures.
- A lift was available to help people reach all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

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.

- DoLS applications had been made appropriately and staff were aware of the authorisations in place. A system was in place to manage the authorisations, to ensure they were reapplied for before they expired.
- When able, people's consent to their care had been sought and recorded.
- There were systems in place to assess people's capacity to make decisions and record decisions made in their best interest when they lacked capacity. However, the assessment forms used, did not always clearly reflect the decision that needed to be made. Following the inspection, the registered manager provided copies of an updated tool which would be used and enabled staff to clearly record the decision that needed to be made.
- When people had a registered power of attorney, records regarding this were stored within people's care files to help ensure relevant people, with legal authority, were involved in decision making.

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. 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 told us they were well supported and treated with kindness and respect. Their comments included, "It is a happy home, [staff] do their best for us", "This is the nicest care home I have been in", "Care is excellent, couldn't fault it", "Staff are excellent" and "I would rate it 99.9%."
- The service received thank you cards that were displayed in the home. Comments included, "[Name] has received the very best care we could have hoped for and I know [name] has thoroughly enjoyed his time with you", "We have genuinely come to consider you all friends, you're all heroes."
- People's diverse needs were considered as part of their care. Care files included a plan regarding people's social, cultural and religious preferences. A range of leaflets were also available for people, including one with information on 'sex, intimacy and dementia.'
- People's birthdays were celebrated in ways people preferred and people received bags of presents at Christmas.
- Staff knew people well, including their needs and preferences. They spoke about people they supported with genuine warmth and compassion.

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

- People were provided with a copy of the service user guide when they moved into the home. This provided information about the service and what people could expect to help them make decisions about their care.
- People were supported and encouraged by staff to make decisions about their care. If people did not have friends and family to support them in decision making, details for local advocacy services were readily available.
- Systems were in place to gather feedback from people about the service they received. Regular themed surveys were undertaken, and any changes made in response to the feedback were displayed for people to see. Regular meetings also took place and minutes of the meetings showed people had the opportunity to share their views, ask questions and receive information about the service.
- The 'Friends of Heathermount', who are a group of volunteers who raise funds and support the home, had a resident representative involved. They were able to discuss issues with other people who lived in the home and share these views during the regular meetings held.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be, and equipment was in place to enable this, such as walking aids and adapted bathrooms. We observed a poster on a wall reminding one person that the location of their room had changed, to enable them to locate it independently. This poster was also

located in the lift and advised the person which floor to get off at.

- Care plans were written in ways that promoted people's independence, informing staff what people were able to do for themselves and what they required assistance with. One person was supported to administer their own medications, to maintain their independence in this area.
- Confidential records regarding people's care were stored securely to protect people's privacy.
- A recent survey had been undertaken to gather people's feedback as to whether they were treated with dignity and privacy within the home.
- Staff were aware of the importance of maintaining people's dignity and could clearly describe examples of how they achieved this when providing care and support to people.

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 good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People were supported at the end of their lives by staff who had received relevant training in end of life care. The service had achieved a locally recognised best practice award from Wirral NHS Foundation Trust, which covered holistic end of life care and support.
- A health professional told us, "Their work on end of life care in the home was excellent. What impressed me most was their compassion and the little things they did that are simply above and beyond what is required."
- Staff understood the importance of supporting people's relatives, not just at the end of their family members life, but also afterwards. The registered manager told us several relatives still visited and supported the home, after their family member had passed away.
- People's lives were celebrated and people were remembered after they passed away. For example, one person loved the garden and had a number of garden ornaments in their bedroom. After they passed away an area of the garden was named after the person and their ornaments used to decorate it. Another person had loved to play their piano in the home. After they passed away the registered manager arranged for a memorial plaque to be added to the piano, remembering the person.

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

- People had an individualised plan of care, which was based on an assessment of their needs and preferences. Care plans were reviewed regularly, and people were involved in these reviews to ensure care remained effective for them.
- People's preferences in relation to their care and treatment were reflected throughout the care plans. This enabled staff to get to know people as individuals and provide support based on their preferences.
- Staff had completed equality and diversity training to help influence the quality of service provided to people and help ensure people were not discriminated against.
- Care was flexible and responsive to people's needs. People told us they had choice in all aspects of their care and were very happy with the support that they received.
- People told us they were listened to and changes were made based on their views and feedback. For instance, one person told us they had requested that people's birthdays be celebrated in ways they had been in previous years, with the person choosing their favourite meal for lunch and receiving a cake, and this had been recommenced. Another person had raised with the registered manager that they did not always receive their own clothes back from the laundry. Systems had been changed to ensure people's laundry was done separately to reduce the risks of this happening.
- The service was creative and innovative in supporting people to live well. One person had written several poems about their life experiences. Staff had arranged for these poems to be printed in a book and this was

shown to the person whenever they became forgetful or upset. The person told us, "It brings back happy memories for me."

- Technology was used to meet people's individual needs, such as the use of falls sensors. The registered manager was in the process of setting up a 'tele triage' system to enable timely medical advice to be sought electronically.

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.

- A policy regarding the accessible information standard was available to guide staff in their practice. The service had participated in a research project regarding sight loss and loneliness in care, so staff were very aware of the benefits of facilitating people to communicate effectively.
- People's care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.

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

- The service worked hard to support people to continue their interests and enhance people's wellbeing. For example, the registered manager told us they were supporting one person to go on a tour of their favourite rugby team's stadium.
- An activity coordinator was in post and a range of activities were available to people both within the home and the local community. People that chose to join in with organised activities and events, told us they enjoyed them. A traditional style pub had been created in the garden. This was to be used for quizzes, darts and other traditional pub activities.
- People's friends and family could visit the home at any time and were always made welcome by staff.
- People were encouraged to continue practicing their religious beliefs if this was important to them. People were supported to attend church if required and clergy from local churches visited the home regularly.

Improving care quality in response to complaints or concerns

- A complaints policy was available and displayed within the home for people to refer to.
- People told us they knew how to make a complaint and felt comfortable speaking with staff or the registered manager if they had any issues.
- A log of complaints was maintained, however there had not been any formal complaints received since the last inspection.

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. 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

- Feedback regarding the quality of service people received was positive. People told us they were happy with their support and felt the home was managed well.
- Staff told us they enjoyed their jobs and were proud to work in the home. Staff told us they would recommend the home and would be happy for their family members to receive support there. Staff felt well supported and able to raise any concerns they had in the knowledge they would be listened to.
- The provider was committed to supporting staff. There were initiatives in place to reward staff, such as vouchers for staff with good sickness records. Staff achievements were also celebrated, and a presentation had been held for one staff member who had worked for the provider for 20 years.
- Changes were made based on people's feedback, to help improve the service. For example, each person's laundry was washed separately, and people were provided with different coloured bed sheets to ensure they always received their own sheets.

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

- There had been no recent occasions when the service had to act on its duty of candour. It was however clear, that openness and honesty were always expected of staff.
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors.
- Accidents and incidents were robustly reviewed and acted upon to ensure the service acted in a transparent way. Relatives were informed of any accidents or incidents involving their family member.

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

- A range of policies and procedures were in place to help guide staff in their roles. Staff files contained job descriptions to help ensure accountability.
- The registered manager was fully aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed within the home as required.

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

- The registered manager worked with other professionals involved in people's care, to achieve good

outcomes for them.

- Staff feedback was sought through regular team meetings. Staff told us they could always share their views.
- Systems were in place to engage with people and gather their feedback regarding the service, such as care plan reviews, meetings, themed quality assurance surveys and a complaints process.
- The management team took part in local initiatives, such as those with health services and the local authority, to help ensure they provided care based on current best practice.

Continuous learning and improving care

- The management team had developed systems to assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they were addressed in a timely way.
- Responsive action was taken by the registered manager, to address any issues raised during the inspection.
- The registered manager received regular updates from CQC, such as newsletters. This helped to ensure they were aware of current guidance to enable them to continually improve the service.