

Heathers Care Home Limited

The Heathers Nursing Home

Inspection report

50 Beccles Road
Bradwell
Great Yarmouth
Norfolk
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Tel: 01493652944

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The Heathers is a nursing home providing personal and nursing care for up to 45 people. At the time of inspection 37 people were living in the service.

The building was large with accommodation over a single floor. There was a large lounge and a number of other smaller lounges which could be used if people wished to have a quieter area to sit. Corridors were moderately wide which allowed for wheelchair use. There was a purpose-built dining area which could accommodate a maximum of eighteen people.

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

Risks such as falls, choking, malnutrition, and skin integrity were managed safely, although record keeping needed to improve.

People received their medicines as prescribed by staff who were competent. Some written information available to assist staff giving people their medicines needed updating and clarification.

Recruitment systems were in place, but some improvements were required to ensure systems were robust and staff were suitable for the role.

Staffing levels were regularly reviewed, and the deployment of staff was effective. Some people however told us that staffing levels could be improved at certain times of the day. A recent situation had impacted on staff response times, in addition to staff sickness, but we saw that the registered manager was addressing this.

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. However, some records held contradictory information in relation to decisions which had been made for people.

People's nutritional and healthcare needs were met. People and relatives praised the staff for being kind and caring. We saw staff treated people with respect. People enjoyed a range of activities. Systems were in place to manage complaints.

The home was clean, and some areas had been refurbished, though further work was needed to make the environment suitable for people living with dementia. We have made a recommendation about this.

People, relatives and staff felt the home was well run. The registered manager responded promptly to any issues we raised during the inspection. Governance systems were in place, but some audits needed to be more robust and detailed. The registered manager had already identified this as requiring improvement and was reviewing these.

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 6 June 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 not always safe

Details are in our safe findings below

Requires Improvement 

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 

The Heathers Nursing 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

Two inspectors, (one of whom specialised in medicines) one assistant inspector, and one Expert by Experience carried out this inspection. 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

The Heathers Nursing 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

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager, administrator, nurses, senior carer, care co-ordinator, and the chef.

We reviewed a range of records. This included five people's care records. We reviewed medicine administration records and associated records for 18 people and we spoke to three members of staff about medicines and observed part of the lunchtime medicine round.

We looked at four 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four health professionals who know the service well.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This was because some improvements were required to ensure documentation was accurate and detailed.

Assessing risk, safety monitoring and management

- Risks such as falls, choking, malnutrition, and skin integrity were managed safely although record keeping needed to improve.
- In some cases we found inconsistent information in care records relating to risk, and there was not always a plan of care in place when risk had been assessed, such as with falls and choking. Other care records contained detailed information.
- Guidance on actions staff should take was not always in place. Despite this, staff knew people well, and could tell us how they supported people to reduce risk.

Following the inspection, the registered manager kept us informed of improvements they were making, which included adding additional guidance and reviewing care records.

- The provider had systems to monitor the safety of equipment and to maintain the environment. Fire and Legionella risk assessments had been completed.

Staffing and recruitment

- Recruitment systems were in place, but some improvements were required to ensure systems were robust.
- Files did not include a photograph of the staff member, and in one case their proof of address was over two years old.
- Where one DBS (Disclosure and Barring Service) check had highlighted an issue, there was no risk assessment or file note to say this had been discussed with the staff member or if anything else needed to be considered to ensure the staff member was suitable for the role.
- Interview records were not in place for the four files we reviewed, but the registered manager confirmed these were now being completed for new staff.

Following the inspection, the registered manager told us they had acted promptly to review the current recruitment documentation, and improvements were already in place.

- We asked people their views about the staffing levels. Two people told us that at mealtimes care staff were 'stretched' and that sometimes they had to wait for assistance. Another said, "I wouldn't want to do their job, they have to work very hard; I think they are a bit understaffed at times."
- The registered manager told us of an on-going recent situation which had impacted on staff response

times, in addition to staff sickness, but we saw they were addressing this.

- We observed that staff were available and visible in all areas of the service. Staff shift patterns were also adjusted to cover the busiest times and there was a dependency tool in place to determine how many staff were needed.
- There was effective deployment of staff and leadership in place. Staff members told us they felt there were enough staff. One staff member said, "Yes there are enough staff, priorities change all the time but people have choice, we prioritise and there is good team working. I do a lot of arranging extra staffing. Some of us do 12 hour shifts, we find its better for continuity. Carers do a mixture of shifts." Another said, "We are lucky that we have lots of staff, sickness can't be helped, and it varies. [Recent situation] has impacted on staff being available as quickly. We all work together though."

Using medicines safely

- Members of staff handling and administering people's medicines had been assessed for their competency to handle and give people their medicines safely. Observations of staff showed that they took time with people and were respectful in how they supported them to take their medicines.
- Oral medicines were stored securely, and the home had considered the risks around the storage of external medicines such as creams and emollients in people's rooms. However, medicine refrigerator temperature records showed that temperatures fell below the accepted range to ensure refrigerated medicines were safe for use.
- Some written information available to assist staff giving people their medicines needed updating and clarification. For some medicines prescribed on a when-required basis there was a lack of detailed person-centred information to ensure the medicines were given consistently and appropriately.
- There were regular checks of medicines and there was a system in place to report incidents and investigate errors.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to recognise and report abuse. Systems were in place to record and monitor any incidents.
- People told us they felt safe in the home and with staff. One person said, "I do feel safe here, I think they do a good job."

Preventing and controlling infection

- The home was clean and infection control systems were in place. This could however be improved, for example, we found one piece of toileting equipment had rusted, meaning it could not be effectively cleaned.
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed monthly however there was limited analysis to consider themes and trends or look at lessons learned. Following the inspection, the registered manager told us they had put systems in place to address this.
- Where improvements or changes to practice were needed, the registered manager shared lessons learned with staff through handovers, staff meetings and supervisions.

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.

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

- Some areas of the service were in need of redecoration, with décor tired in many areas including bathrooms and toilets. We also noted some areas were quite dimly lit, which may cause difficulty for people who were visually impaired, or who were living with dementia.
- There was a purpose-built dining area which could accommodate a maximum of eighteen people. During lunch there were twelve people in the dining room and it was crowded because two people were in specialist chairs with a further five in wheelchairs. Therefore, if more people wished to eat in the dining area there would not be sufficient space.
- The centre of the home had a very long corridor, which would benefit from having handrails along the wall to support people if they wished to mobilise independently.
- People's rooms had a name and room number in most cases (some were missing). People's rooms were personalised with objects and photographs that were important to them.
- The registered manager told us that they were aware of the need to improve some areas of the home, and there was an ongoing programme of refurbishing people's bedrooms, and there were three communal toilets planned for upgrading in 2020.

We recommend during the planned refurbishments, that the provider considers current best practice guidance on making the environment dementia friendly and takes action to update the premises accordingly.

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

- Recognised assessment tools were used to assess people's needs. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- Recommendations advised by health professionals were followed. One health professional told us, "If I bring any concerns or advice to the home it is listened to and actioned immediately." Another told us, "They are a care home that will actively seek advice on a range of issues."

Staff support: induction, training, skills and experience

- New staff completed an induction programme before supporting people on their own. This included a period of shadowing a more experienced member of staff, learning about key documents and the completion of essential training.
- Staff received relevant training that equipped them to effectively meet people's needs and provide person-centred care. Staff had regular supervision sessions, and also received observed practice sessions to ensure they delivered effective care.

- Nurses received clinical supervision to ensure their practice was up to date. One nurse told us, "We use reflective practice to ensure knowledge is shared and we have a portfolio. We get clinical supervision, we have to as registered nurses. Every few months we do training, such as syringe drivers, catheters, and on the spot training. We recently had a stoma nurse come in to deliver specialist training."

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

- People received support with their dietary requirements as needed. Individual dietary needs were clearly outlined in care records. This included if people required a fortified diet and described how people's food should be prepared to prevent choking.
- The cook showed us how they prepared pureed food to enhance the appearance, such as piping this onto the plate in various shapes to replicate normal food which they told us was more visually appetising for people.
- People told us they thought the food was reasonable and there was choice. One person said, "I'm quite a fussy eater but [cook] knows that and they will cook me whatever I want really. They're very good. [Cook] knows I don't like fish so will cook me sausages or make a bacon sandwich."
- A meeting was held with people to discuss the food and some people has suggested that improvement was required with the temperature of the food, and how some vegetables were prepared. This information was shared with the cook.
- Fluids were monitored to ensure people were adequately hydrated. Any areas of low intake were highlighted and brought to the attention of staff on the next shift. One person told us, "They bring you a drink as often as you want one; it's never too much trouble."
- During the day we observed people being offered drinks regularly. There was also a coffee bar in the home, so all people, visitors, professionals, and staff had access to hot and cold drinks, cakes, fresh fruit, and biscuits at any time.

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

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. One healthcare professional told us, "They work exceptionally collaboratively with [continuing healthcare nurse] and are a provider that can be trusted to care."
- People felt their health needs were met promptly. One person said, "[Staff member] asks me most days how I'm feeling; I think to make sure I'm not in pain. In fact, they have arranged for the doctor to see me tomorrow because I need to talk to him. They arrange for things like opticians too, I think they come in about four times a year." A health professional told us, "Whenever I visit, [registered manager] and the trained nurses are always fully aware of exactly what is going on with their [residents] and are able to give me comprehensive updates."

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.

- Where people did not have capacity to make specific decisions, mental capacity assessments were completed and the best interest decision making process was used. However, some records held contradictory information in relation to decisions which had been made for people.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notifications to us about those applications being granted.
- We observed staff asked people if they wanted support before helping them with tasks such as eating and assisting with personal care needs. One staff member said, "We always ask people if they want help we don't just assume. We should assume people can make everyday decisions unless proved otherwise."

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 benefitted from a stable staff team who knew them well and had developed positive relationships with them. One person said, "The carers are lovely, I can't speak highly enough about them, they're like family to me." Another told us, "[Carer] is absolutely brilliant, looks after me really well and we can have a bit of a laugh together."
- Throughout the inspection we observed staff being polite, friendly and respectful to people and visitors. Staff were keen to help people and were patient when supporting them. Staff chatted with people while they supported them, and conversations were friendly. They offered reassurance and distraction when people were upset or confused.
- There was a relaxed and friendly atmosphere in the home with many relatives visiting, all of whom were welcomed by staff.
- Staff considered and respected people's diversity. Care documentation included information about people's life history, marital status, religion, and disabilities. This meant staff were aware of people's diverse needs and what was important to them.

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

- We did not always see that people were involved with creating and reviewing their care plans. However, the quality assurance manager had already identified this as an area for improvement.
- 'Residents' meetings were held regularly to ensure people had an opportunity to voice any concerns, and have input into topics such as food, activity, décor, and staffing. Action plans were devised following these meetings to ensure any comments were taken forward and actioned where able.
- People's views were listened to. One person told us, "This room isn't my original room, that was further down the corridor. I was [in a noisy area of the home] and it was driving me mad. I packed my bags and was ready to leave when [registered manager] asked me what I was doing. I told them, and they said I could have this room instead, you have no idea how much better it is. I'm grateful to [registered manager] for that."

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with dignity and respect. One visitor told us, "I think they are really good with [person]. They look after [person] so well and always treat them with dignity. They even keep an eye on me. One day when I came in, they'd added extra cushions to the chair, because they knew I get uncomfortable sitting for too long." A relative told us, "[Relative] was a very active and independent person until they became ill a few months ago. The door's shut and I think [relative] is treated with as much dignity

as is possible under the circumstances."

- People's care plans identified tasks people could still undertake independently. This included with personal care, dressing and mobility. One person told us, "I do as much as I can for myself and they [staff] seem pleased if I do. When I came here first I couldn't walk and spent all day in bed. Sometimes I'd get myself on the floor and drag myself to the corridor then I decided to try to walk and little by little I could do more. Now I can get myself to the bathroom and walk ten to twelve feet. It means I can go outside when it's warmer."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care plans contained information relating to their personal care, mobility, mental health, social and spiritual needs, and life history. Though we found some contradictory information in care plans, the registered manager addressed this promptly, including sending us copies of examples after the inspection.
- Staff responded to people's needs efficiently. Effective deployment and allocation of tasks enabled staff to prioritise work. Information about changes in people's needs was handed over between staff during shift changes, and we observed that any concerns were quickly raised with relevant health professionals.
- The service had two activity co-ordinators in post who worked Monday to Friday. At the weekend, care staff supported people with activity sessions. People told us there were opportunities to join in with different things. One person said, "I am very lucky, I am able to go out on my own, I just let them know I'm going and I take my phone with me. Then here, they organise quite a few things such as bingo and we have a singer come in once a week. They work quite hard at it and [activity co-ordinator] goes to talk to people who stay in their rooms."
- Further activities were planned, for example, the registered manager had spoken to an aromatherapist who was also a yoga instructor and hoped to plan visits to give massages and gentle yoga exercises for people.
- During the summer and over Christmas, pupils from a local primary school visited to enjoy multi-generational activities.
- Relatives told us they were welcomed at the service. This helped to ensure that people maintained relationships that were important to them.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid or wore glasses. In addition, the registered manager told us that they could print text for people in larger print and also used picture cards to help people understand information.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any concerns or complaints to raise.
- Where complaints had been received, we saw records detailing the nature of the complaint, the investigation into the complaint, the outcome and any learning to be taken forward.

End of life care and support

- People's care records contained a section on advance care planning, which included information that was relevant in the event of a person's death.
- Some records did not include people's wishes in terms of their final hours, but the registered manager told us that a new staff member is soon to join the team, who has experience in end of life care, and will complete more detailed care plans. A health professional told us, "I often place end of life patients in The Heathers, and I have nothing but praise for how they care for these patients."

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

- The culture was open, and everyone's input was listened to and valued. Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the service's value base.
- People, their relatives and external professionals all told us they thought the service was well run. One relative said, "[Relative] can be very challenging and I think they are doing a difficult job well. If I had any concerns my [relative] wouldn't be here." A health professional said, "I trust The Heathers to do a good job, I never have any concerns about this service."
- The registered manager was open and transparent throughout our inspection. They were clearly committed to providing good quality care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.

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

- Quality assurance systems were in place. However, these were not always sufficiently robust in identifying and addressing shortfalls such as gaps in care records, recruitment, and medicines documentation. However, we found the registered manager was already in the process of reviewing and changing audit documentation. This included for care documentation, reducing the 'tick box' approach and allowing for greater detail to be added.
- People benefited from a staff team that worked together and understood their roles and responsibilities. They had handover meetings every day and were kept fully informed of people's changing care needs.
- Most people and relatives were familiar with the registered manager and were happy with the management of the service. Their comments included, "They are very approachable. There have been some things we've wanted changed with [relatives] care and they do their best." "[Registered manager] Is very approachable, I can always find them if I need to talk."
- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The provider visited the home regularly and was fully involved in all aspects of management. Clinical governance reports were discussed with the provider who did 'walk around' checks in the service. They were also involved with staff supervisions, liaising with catering staff and ordering and supply of food and equipment.

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

- Staff we spoke with were very complimentary about the registered manager. One staff member told us, "[Registered manager] is not a just a manager, they are a team member." Another told us, "[Registered manager] runs the service well, I feel listened to and valued. They try and help me progress. Every three months we have a staff meeting and I know what's going on with accidents, complaints, new laws, and new rules."
- Staff had opportunities to progress within the service. The registered manager told us, "We have promoted a member of staff to 'care co-ordinator', and they have increased responsibilities to check documentation and conduct audits, including those on staff performance."
- 'Resident' questionnaires were sent out twice a year to gather people's views of the service. We saw that any comments were followed up and actions taken if necessary. An evaluation form was completed following receipt of the questionnaires.
- Changes had been made to the recruitment process to include residents and family members onto the interview panel.

Continuous learning and improving care

- During the inspection the registered manager welcomed our feedback and demonstrated a commitment to developing the service. Changes were planned, including better auditing systems, improving the environment, and making care documentation more robust.
- The registered manager told us they were in discussions with a local university to be included in a future study of 'Understanding personal Interactions in severe dementia'. This is planned to commence in early 2020. It is hoped that the learning gained from this will enhance staff interactions when supporting people living with dementia.
- There were plans to develop champions (a staff member with additional knowledge) in areas of care such as dignity, hydration, continence, and skin integrity.

Working in partnership with others

- The registered manager understood the importance of partnership working with other health and social care professionals to promote good outcomes for people. The four health professionals we spoke with all praised the service and what it provided for people.
- We observed that people, relatives and staff were comfortable approaching the registered manager and deputy manager and their conversations were friendly and open.