

Heatherwood Nursing Home Ltd

# Heatherwood Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Heatherwood Care Centre is a care home providing personal care to up to 23 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 14 people using the service. Since the last inspection the service stopped nursing care and was now providing only residential care to people.

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

People received safe care at Heatherwood Care Centre and risks to people's care were assessed and managed well. Staff were trained in safeguarding as part of their induction and again annually. The registered manager reported any allegations to the local authority safeguarding team and reviewed any lessons from safeguarding investigations, accidents and incidents and feedback on the service to improve. There were enough staff to care for people and recruitment practices were as expected in checking staff were suitable to work with vulnerable people. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises were clean, tidy and hygienic and staff followed current infection control and hygiene practice to reduce the risk of infections.

The service was managed well and the registered manager was skilled and experienced and understood their role, as did all staff we spoke with. The registered manager and quality lead had good oversight of the service with regular checks and reviews to ensure people received high quality care. Communication with people, relatives and staff was good and their feedback was used as part of improving the service. Staff were well supported. Care was provided in a person-centred way. The service improved the environment following best practice advice relating to people living with dementia and a redecoration programme was underway to improve further. Good relationships were in place with local and national organisations and healthcare professionals.

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

### Rating at last inspection

At the last inspection the service was rated good (report published January 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

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

inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Heatherwood Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people using the service and 1 relative. We asked them for their views about the safety and quality of care and support provided at the service. We observed interactions between people and staff to understand people's experiences. We spoke with the registered manager, the quality assurance lead, the nominated individual who was a director, four care workers and the chef. We reviewed a range of records. This included 3 people's care records, records relating to medicines management, 3 staff recruitment files, and other records relating to the management of 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service.
- Staff received relevant training and support to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this and newer staff were undergoing induction, in line with national induction standards, to improve their knowledge.
- The registered manager understood their responsibility to report all safeguarding allegations to the local authority and to take action to reduce the risk of harm to people and to explore any learning to keep people safe.

Assessing risk, safety monitoring and management

- Individual risks to people, such as those relating to mobility or healthcare needs, were assessed and managed well with clear guidance accessible for staff to follow. Staff understood risks in people's care.
- Health and safety checks of the premises and equipment were carried out as expected with checks by both staff and external contractors. Systems were in place to reduce the risk of water borne infections and the provider commissioned an external contractor to carry out a check of the water system. Safety checks of the lifting equipment were in place and the provider booked a check of the lifting capacity of the passenger lift in line with national recommendations.
- An action plan was in place to deal with emergency situations such as floods, electrical and fire issues and sudden staffing difficulties.

Staffing and recruitment

- There were enough staff to support people and the provider used agency staff who knew the service well to fill vacancies while recruitment was ongoing. A person said, "Staff come immediately if I call my bell." A relative said, "There are enough staff. There is always someone to open the door. They treat me as well as they treat [my family member] and always seem to have time for you." The provider sponsored staff from abroad to work at the service and took care to ensure their skills and abilities matched the needs of people living there. People were involved in the recruitment of staff.
- Staff were recruited through safe processes. These included checks of any criminal records, right to work in the UK, references and health conditions. The provider checked any gaps in employment histories and the registered manager knew the reasons for any gaps we identified, but these were not always recorded. The provider told us they would record the reasons going forwards.

Using medicines safely

- People received their medicines as prescribed. A relative told us, "No concerns about medicines. It's not easy and they are very patient [with my family member]." Our checks of medicines stocks and

administration records confirmed this. Administration of prescribed creams was carried out by staff who signed the electronic medicines record and senior staff confirmed administration and noted this on the paper medicines record. However, this system required review as staff had not signed the electronic record for five days from the start of the new medicines cycle. The registered manager confirmed the creams had been applied and this was a recording error. After the inspection they told us systems had been improved to avoid this happening again.

- People's records contained information about their medicines and how staff should support them to take them in the way they preferred.
- Medicines were stored safely and the provider checked for any out of date medicines which may require disposal.
- Only senior staff who had been trained and assessed as competent administered oral medicines to people although trained care workers administered creams. Senior staff wore tabards to let people know they were administering medicines, requesting minimal disturbances so could concentrate solely on this task to reduce the risk of errors.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "[My family member's] room is very, very clean and the toilets too."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. The service achieved the highest food hygiene rating and we observed hygiene standards in the kitchen were good.

### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

### Learning lessons when things go wrong

- The provider had good systems to explore any lessons to be learned when things went wrong. The registered manager reviewed all accidents and incidents, safeguarding's, complaints or concerns, hospital admissions, falls, wounds and so forth each month. They recorded any learning from each and identified any themes. They put in place any actions necessary to improve the services, sharing their findings with the staff team.
- Learning from investigations was used to help the service improve the quality and safety of the support provided. We saw following an incident involving a person using the service, the registered manager had used the learning from this to put in additional safety measures for anyone discharged from hospital, which had helped reduce the risk of a similar incident reoccurring.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,



people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity to make decisions about their care and to make decisions in their best interests if assessed to lack capacity. 'Best interests decision meetings' were held involving family members and other representatives, the registered manager and healthcare professionals and all assessments and meetings were recorded and records retained for review.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate by the registered manager.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act with refresher training and training scheduled for new staff.

# 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred and empowering culture where care was tailored to individual needs. At lunchtime we saw people were provided with meals of their choice when they did not want the options on the menu and people could choose how they spent their day. The chef understood people's food needs such as those relating to specific textures to reduce the risk of choking and people's preferences well and the menu was based on these. A relative told us, "The food is very good." Auto door closers were in place so doors could be held ajar at any position so people could choose their preferred door position and each room had digital customised heating.
- The activities officer arranged a programme based on people's preferences and we observed the weekly music session with a professional musician. People enthusiastically joined in with various instruments and singing. A therapy dog visited the service to support people's wellbeing.
- The service was open and inclusive. The registered manager had an open-door policy and people, visitors and staff could speak with them at any time to discuss issues or make suggestions. Staff told us they were always listened to and any issues they raised were acted on. Staff received training on equality and diversity and the registered manager promoted a workplace that was inclusive for all.
- The registered manager engaged well with people, visitors and staff with meetings and surveys. We saw issues raised in the recent survey were investigated and addressed by the registered manager in a way which took on board the suggestions as part of improving the service.

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

- The registered manager was experienced and knowledgeable with good oversight of the service. They were supported by a quality lead, the director and the team of senior care workers and care workers who were passionate about the roles they enjoyed. A deputy was being recruited. All members of staff we spoke with understood their roles well.
- The registered manager and quality lead used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service.
- Staff delivered good quality care. Staff understood people's individual needs well and we observed they were unhurried and engaged well with people. A person told us, "The staff are very nice. Very good and helpful." A relative said, "The care is exemplary and that includes the agency staff."

- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate. A person told us, "The manager is excellent, it's very well run here." A relative said, "The manager is great. Communication is very good and if anything happens [to my family member] she always tells me immediately."
- The registered manager submitted notifications to CQC of significant incident as required.
- The provider displayed their rating in the reception area and on their website as legally required.

Continuous learning and improving care; working in partnership with others

- The provider had clear plans to improve the service. Since the last inspection they restructured the service to stop providing nursing care. Currently admissions were on hold because a redecoration programme was underway. This included replacing flooring to improve infection control.
- The service was adapted for people with dementia following guidance from the University of Sterling including furniture and light switches without sharp corners to reduce the risk of injury, yellow surrounds for light switches, a colour people with advanced dementia tend to recognise and LED lighting over beds to create a warm glow, shown to aid good sleeping patterns and call bell units that could move with the person. The service applied to patent a wall fixture to prevent harm to people who may reach around the side of their bed. Thermostatic 'apollo' taps were installed in bedroom sinks as an effective way to reduce the risk of scalding.
- Good partnerships had been developed with a range of organisations including a local church and healthcare professionals such as the GP who visited weekly. The service was enrolled in iWHELD, a programme to coach and support staff to improve people's wellbeing. The service achieved platinum status with the Gold Standard Framework for end of life care, promoting a dignified end of life for people at the service.