

# The Heathers Residential Care Home Limited

# The Heathers Residential 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

### About the service

The Heathers Residential Care Home provides personal care and support to older people, some of whom were living with dementia. At the time of the inspection, there were 13 people using the service.

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

Medicines were mostly managed safely. We have made recommendations about best practice with regards to the monitoring of 'when required medicine' protocols and the monitoring of the application of patches. Prompt actions were taken during the inspection to address these issues.

People told us they felt safe. Staff knew what action to take if they had any concerns. Risks to people were assessed and safely managed. Accidents and incidents were managed and acted on in a timely manner. There were enough staff to support people safely. Safe recruitment practices were in place. People were protected from the risk of infection.

Staff were supported through training and supervision. People's needs were assessed, to ensure they could be safely met. Staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy diet and had access to health care professionals when required.

People told us staff were caring and kind and they respected their dignity and independence. Care records were reflective of individuals needs and preferences. People were aware of the complaints procedures and knew how to raise a complaint. The provider had effective quality assurance systems in place to monitor the quality and safety of the service on a regular basis. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and met.

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

The last rating for this service was Good (published 15 May 2018)

### Why we inspected

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

### 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?

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 ●

# The Heathers Residential Care 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 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

The inspection was carried out by 1 inspector and an Expert by Experience on the first day of the 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. On the second day of the inspection a pharmacist specialist visited the service.

#### Service and service type

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

#### 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 an appointed manager in post who was in the process of registering with the CQC to become the registered manager for the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 also checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people using the service about their experience of the care provided. We carried out observations of the support provided to people in communal areas. We also spoke with 5 relatives of people using the service and asked them for their experiences. We spoke with 10 members of staff including the provider and nominated individual, the manager, administration staff, senior care staff, the chef, care staff and the activities organiser. We reviewed a range of records, including 4 people's care records, 7 people's medicines records, staff records in relation to recruitment and training and other records relating to the management of the service, such as policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive their medicines safely.
- There were suitable arrangements in place for storing and disposal of medicines, including those needing extra security. Temperatures were monitored where medicines were stored to ensure medicines would be safe and effective to use.
- When people were prescribed 'when required' medicines there were person-centred protocols available to guide staff when doses might be needed. Staff were able to explain how these medicines were used. Daily notes recorded the reason for administering these medicines and the outcome of the administration. For 1 person there was a clear plan in place of how their topical creams were to be applied.
- Staff received training in the safe handling of medicines and had competency checks to make sure they managed and administered medicines in a safe way.
- Some people had medicines administered using patches. The application of these was recorded, however, it was not always clear that the site of application was changed in accordance with the manufacturer's directions and that documented monitoring was in place to ensure patches remained in place. Some of the medicines held by the service as "homely remedies" were not suitable for use in the service. The manager raised this with the supplying pharmacy during the inspection and prompt action was taken to address these issues.

We recommend the provider maintains an effective system to monitor the application of patches and reviews the protocols for 'when required' medicines so that up to date information is always available to staff.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. A person told us, "I feel very safe, staff spend time with you. They [staff] realise if you are feeling a bit low or not yourself."
- Safeguarding policies and procedures were in place and up to date to help keep people safe.
- Staff had received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff understood the different types of abuse, and the signs to look for. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice.
- There were systems in place to oversee any learning from safeguarding and accidents and incidents.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risks to people were identified, assessed, and reviewed to ensure people's safety and well-being.

- Risk assessments contained detailed guidance for staff on how best to support people to manage and mitigate identified risks. For example, guidance on the use of equipment to support and promote safe mobility.
- People received support from health and social care professionals when required to help them to manage and minimise identified risks.
- There were systems in place to deal with emergencies. People had personal emergency evacuation plans in place, which provided guidance to staff and emergency services on the support they require, should they need to evacuate the service.
- Environmental and equipment safety checks were conducted on a regular basis to ensure the safety of the premises and appliances within.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. A person told us, "There's always someone around, they [staff] come quick if I buzz them."
- Staff told us they felt there were enough staff to meet people's needs safely. They said management support was good and always available if needed. A member of staff commented, "We are a small team here and work very well together, we're just like family."
- Robust recruitment procedures were in place to ensure people were protected from harm. Recruitment records included applications, employment histories, references, health declarations, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Accidents, incidents and safeguarding concerns were monitored to identify themes and trends as a way of preventing reoccurrence and to support learning from them.
- Records showed staff identified risks and understood the importance of reporting and recording accidents and incidents. Staff took appropriate actions and sought support from health and social care professionals when required.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to receive visitors without restrictions in line with best practice guidance. Visitors were supported to follow government guidance on hand washing and sanitising.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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, and care and support was delivered in line with current standards to achieve effective outcomes.
- Assessments of people's needs were completed before moving into the service. This ensured staff could meet people's needs and wishes safely and effectively. Assessments contained information about people's needs and preferences and what was important to them. Assessments also covered areas such as physical and mental health, medicines management, nutrition and hydration and family amongst others.
- Care records documented people's involvement and where appropriate the involvement from family and health and social care professionals. One person commented, "They [staff] recognise that I am able to have my say."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. A member of staff told us, "We have good training and good supervisions and support from management."
- Staff completed training that was relevant to people's needs. Training included safeguarding adults, medicines management, equality and diversity, dementia awareness, fluids and nutrition and falls prevention amongst others.
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough to maintain a balanced diet. People spoke positively about the food on offer at the service. Comments included, "The food is good, and we can have a drink at Christmas", "We had haggis to mark Burns night", and, "I enjoy the food, its tasty."
- We observed people having their lunch in the dining room. Where required, people were supported safely to eat and drink by staff in an unhurried and polite caring manner.
- People were offered food and drink choices at mealtimes and throughout the day. Specialised diets were provided to those who required them.
- People's nutrition and hydration needs and preferences were documented and reviewed. Staff were aware of people's dietary needs and risks and supported them appropriately where required.



Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The service worked well with other agencies to provide people with consistent effective care. People's care needs and support was documented on the providers electronic system. This ensured staff had access to up to date information through hand-held devices. Information was shared with health and social care professionals appropriately where required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- People told us staff worked in partnership with health and social care professionals to assess, plan and deliver an effective service to them. Comments included, "They [staff] take me to my hospital appointments if needed", and "I see the dentist and chiropodist who visits."
- People's health needs were recorded in their care plans detailing any support required from staff to meet their needs. Records showed multi-professional working, such as, GP's, district nurses and podiatrists ensuring people's needs were met appropriately.

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

- People's individual needs were met by the adaption, design and decoration of the premises.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People were consulted and supported to make choices and decisions for themselves.
- Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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 were well supported.
- People told us staff treated them with kindness and respect. A person said, "I'm very happy here and looked after very well." Another person told us, "They [staff] are very good, they always talk to me." A relative told us, "I am more than happy [loved one] is at the home, they [staff] care very much. They are absolutely brilliant, can't fault it."
- Staff had built caring respectful relationships with people and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act and care plans recorded information about people's relationships, cultural preferences and religious beliefs.

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

- People were supported to express their views and make decisions about their care. People and their relatives where appropriate, were involved in making decisions and choices about their support.
- People were paired with a member of staff who was named as their keyworker. Staff told us the role of key workers was defined by activities such as checking people's clothes to make sure they had enough of the clothing they liked to wear, ensuring people were manicured and well-groomed how they wishes to be, knowing their life stories and getting to know their individual wishes and also being the port of contact for relatives and loved ones.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. A person told us, "They [staff] know what I need help with and what I can do for myself. I keep active and like to go into the garden."
- We observed that people's independence and dignity was respected and encouraged. To support one person's well-being minimising their distress, staff provided them with printed money reassuring them that they had enough money to pay for services and items.
- People were supported to personalise their rooms and were consulted about changes made to the service through the implementation of residents/relatives meetings that were to be scheduled.
- People's confidential information was kept securely. Information on digital systems were password protected and paper records were stored securely in lockable cabinets and offices.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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; End of life care and support

- People were supported as individuals, in line with their needs and preferences.
- People's needs were assessed, documented and reviewed to ensure they and their wishes were met. A relative told us, "Staff understand [relatives] needs. It feels like the staff are part of the family as they relate so well to [relative]. They are respectful."
- Care plans were person centred and documented people's physical, emotional and mental health needs including their life stories and the things that are important to them. During our inspection we observed that staff celebrated one person's birthday involving everyone and the chef baked a birthday cake which met people's dietary requirements.
- At the time of our inspection no one using the service required end of life care and support. However, the provider had an end of life care policy in place and people were supported to discuss and document their end of life care wishes if they chose to do so.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. People's communication needs were assessed and documented to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the provider produced information in different formats that met people's needs where required.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People and their relatives spoke positively about the activities coordinator and the activities on offer at the home. Comments included, "I like watching sport on the TV and having a bet", "The activities are varied. I

like dominoes and the singers who visit", and "I enjoy do puzzles and arts and crafts."

- During our inspection we observed staff leading and participating in Halloween art activities. This involved people making pumpkin lanterns and drawing faces on oranges.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. A person told us, "I feel confident that I could speak to staff about any concerns I had. They [staff] are always around and prepared to help." A relative commented, "I don't have any complaints but if I did, I would contact the manager. They are easy to contact and if not available at the time they always phone back."
- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy. The provider had up to date policies and procedures in place for managing complaints and these were accessible to staff, people and their relatives. Complaints we saw were dealt with in line with the provider's complaints policy and in a timely manner.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Systems in place to monitor the quality and safety of the service on a regular basis had improved since our last inspection of the service.

Quality assurance systems monitored the care and safety of people at the service. These systems included audits and checks on areas such as, care records, safeguarding, DoLs, staff training, supervision meeting, medicines management, and, accidents and incidents amongst others. Analysis were completed in areas such as falls, and, incidents and accidents to identify any themes and trends and to help drive service improvements.

Staff were committed to working effectively in partnership with other agencies to achieve positive outcomes for people. Staff worked closely with health and social care professionals such as GPs, local authority commissioners and community mental health teams to ensure people received the care and support they required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was a positive and open culture at the service. People, relatives and staff spoke positively about the provider and management team. Comments included, "Staff are very caring, very kind", "They [staff] are like family", "Very happy with the care, never had to complain about anything", and "I'm very happy here. The carers and the manager are all very nice."

- There were systems in place to provide person-centred care that achieved good standards and outcomes for people. We observed people received personalised support and had positive relationships and interactions with staff. Staff understood what person-centred care was and sought the best outcomes for people.

- The manager and provider demonstrated a clear understanding of their responsibility under the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Throughout our inspection management and staff acted with openness and transparency.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- At the time of our inspection there was an appointed manager in post who was in the process of registering with the CQC to become the registered manager for the service. They were aware of their responsibilities regarding the Health and Social Care Act 2008. The management team demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a staffing structure in place and staff understood their roles, responsibilities and contributions to the service.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The provider sought people's views about the service through surveys and meetings that were held on a regular basis.
- People told us they had discussions with staff and key worker meetings where they could talk about things that were important to them.
- Staff told us they had supervision, appraisals and regular staff meetings which provided them with opportunities to share and learn within the service.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with health and social care professionals to ensure they followed best practice guidance. Records showed staff maintained regular contact with health and social care professionals, and the local authority when required to share information and best practice.
- Staff worked effectively with health and social care professionals such as, GP's and community nursing and mental health teams to ensure people received good care and support.