

Zeenat Nanji & Tasneem Osman

# Heatherdene Nursing 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

Heatherdene Nursing Home is a nursing home providing personal and nursing care for up to 27 older people. The service was supporting 24 people at the time of inspection in one adapted building.

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

People were kept safe by well trained staff who had been safely recruited and were available when people required support. Staff received training, supervision and appraisals to give them the skills and knowledge to do their job. People were supported with their medicines in the appropriate way following prescription guidelines. Staff were aware of how to keep people safe from infection and good processes and policies around this were in place. The systems for assessing and monitoring risk were designed to keep people safe from avoidable harm. When things had gone wrong, such as accidents and incidents, the service had investigated, learned lessons and acted to reduce further incidents.

People were supported to have maximum choice in 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 practise. People were supported to maintain their health and wellbeing and there were thoughtful activities taking place within the home. People were supported to eat and drink enough to meet a suitable nutritional diet and food and fluid charts were kept for people at high risk of UTIs (Urinary Track Infections).

People were supported by kind and caring staff. People were comfortable and had a good rapport with staff, who showed good knowledge in people's individual needs. People were encouraged to socialise and keep valuable relationships. People's right to privacy, dignity and independence were promoted and they felt listened to and included in decisions about their care and support.

People's care plans were personalised to advise staff on how to provide person-centred care. Relatives told us that staff knew and respected their family member's preferred routines, likes and dislikes and provided care and support they wanted. Staff responded well to any concerns raised and addressed them through a competent complaints procedure. People felt listened to and regular feedback was sought by the registered manager.

Staff and people found the registered manager approachable and easy to speak to. People and relatives told us that the communication between people, staff and the management was good and the home was run well which led to a nice atmosphere in the home for everyone. Staff told us they felt supported by their colleagues and the registered manager and spoke positively about the care they provided.

There were quality assurance processes in place to ensure oversight of the safety and quality of the service at management and provider level.

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 26 April 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 ●

# Heatherdene 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

The inspection was carried out by one Inspector and a nurse specialist.

#### Service and service type

Heatherdene 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.

#### 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 took this into account when we inspected the service and made the judgements in this report.

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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people using the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, the chef

and a nurse.

We reviewed a range of records. This included three people's care records and multiple medication records. 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, staffing data and supervision records. We spoke to further family members and staff and reviewed the care home's business continuity plan.

# 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 told us they felt safe at the home. One person said, "I have always felt safe from the day I moved in here. They take security very seriously and I know if I didn't feel safe I would just tell a member of staff and they would help me."
- Staff had been trained in safeguarding and showed good knowledge of the safeguarding procedure, the whistle-blowing procedure and how to identify different types of abuse.
- The provider had a safeguarding policy in place that supported staff with clear guidance of what to do and how to report any concerns.
- The registered manager was aware of their responsibility to liaise with the local authority if abuse concerns were raised and previous incidents had been managed in line with the provider's procedures.

Assessing risk, safety monitoring and management

- The registered manager ensured there was a thorough initial assessment completed for each person before they moved in to the home. This was to ensure that the staff and the home could meet the needs of the person.
- Any risks identified in the initial assessment were individually risk assessed and these were reviewed regularly. If new risks were identified assessments were completed as quickly as possible.
- People were protected from environmental risks and regular maintenance was in place. Each person had a personal emergency evacuation plan, should there be a need to evacuate the building, for example, in the event of a fire.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. One person said, "I never have to wait for staff, there's always someone around to help me straight away."
- The registered manager followed a safe recruitment process which included reference checks, a formal interview process, request for copies of identification and DBS (Disclosure of Barring Service) checks. These checks identify whether people have been known to Police for any previous convictions or cautions, and therefore whether they are suitable to support the people living in the home.
- The number of staff was calculated by assessing people's needs. This was kept under review and the registered manager told us if the numbers or needs of people increased, so would the staffing levels.

Using medicines safely

- Medicines were received, stored, administered and managed correctly. This meant people were supported to have the correct medication as prescribed at the correct time.

- Staff completed MAR (Medicine administration record) charts correctly. This meant that any medicine errors were identified quickly so any side effects could be addressed and medical advice sought if necessary.
- People were assisted to take their medicines by registered nurses or nursing assistants, specifically trained to provide this support.
- Some people were prescribed medicines to be administered "as required" (PRN). Protocols guided staff when these medicines should be administered which reduced risks of inappropriate use.

#### Preventing and controlling infection

- People and relatives told us that they were happy with the infection control practises that staff followed. One relative said, "The staff seem very vigilant around washing their hands and encouraging us to wash our hands. The place always seems so clean and whenever I have seen staff helping Mum with the toilet or a wash they always wear gloves and aprons."
- The home had recently completed their first year of an infection control champion project which included working in partnership with East Sussex County Council from which they had received a certificate after they had followed best guidance and made improvements to the home.
- There were hand gels and sanitiser regularly available in communal areas and hallways within the home. Staff were seen to often use these sanitisers through the day of the inspection as well as their PPE (personal protection equipment).
- The kitchen and food preparation area was well maintained. All relevant staff had completed training in the handling and preparation of food. This ensured that any risk of infection was minimised.
- Domestic staff were employed, and we saw a cleaning rota was in place which had been completed as scheduled. The premises was clean and smelled fresh with no bad odours.

#### Learning lessons when things go wrong

- The registered manager had been notified of concerns for one of the other homes that are owned by the provider, these had been raised in a recent CQC inspection. This had involved the documentation of best interest decisions. The registered manager had immediately reviewed all of the care files and was improving the documentation of best interest decisions.
- Both the registered manager and the provider both told us that they like to have CQC inspections as they like to learn of any improvements they can make to the service they provide.
- Accidents and incidents were analysed and checked for patterns. Action was taken to reduce the risk of reoccurrence, and staff were advised of their roles and responsibilities in staff meetings and on a one to one basis.



# 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

- Prior to moving in to the service, there would be a full care assessment, this was to confirm the home could meet the person's care needs.
- Care plans were person-centred and advised staff in how to understand people they were supporting in an easy to read format. An example of this was questions that had been asked to each person living in the home, examples of these questions included, "What time do you like to wake up?" and "Do you like your bedroom door to be left open or closed?"
- There was guidance included in people's care plans that were specific to people's individual needs. An example of this was a catheter log and NHS guidance to catheter care included in a care plan that was reviewed.

Staff support: induction, training, skills and experience

- Staff were trained to meet the needs of the people living in the home. Relatives told us, "The staff here are incredibly knowledgeable. It's nice to be able to leave visits knowing [person] are in good hands."
- Staff told us that they received regular training and competency checks. This was also monitored through a training matrix, this ensured the registered manager could quickly identify if any staff were due regular refresher training.
- New members of staff completed the provider's induction programme to help them learn their new roles. This included initial training and working alongside ("shadowing") more experienced members of staff.
- Staff received one to one supervision meetings, where they discussed their work, received feedback and identified any further training needs.

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

- The home had two chefs that cover all main meal times. There were many alternative options offered to people, if they did not want to have the main meal for the day. Further snacks were offered throughout the day. This encouraged different options for all ranges of appetite to ensure everybody always had enough to eat and drink.
- There were softened food and pureed food guidance stored in the kitchen for staff to refer to, this ensured kitchen staff knew exactly what people needed. The people with softened and pureed diets were all listed on a board in the kitchen as well as a full resident's list with likes and dislikes. This helped the kitchen staff accommodate all people with menu choices to try to encourage every person living in the home to eat a balanced diet.
- There was a food questionnaire that gave people living in the home an opportunity to put forward ideas for new menu ideas, and records showed that this had assisted the chef to design new menus. There were

weekly menus in place that added variety and choice for people living in the home.

- The home had recently introduced a "hydration champion", this was an extra member of staff with one of their core responsibilities being to offer people drinks throughout the day to reduce the risk of dehydration.

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

- Staff and the registered manager worked well with health professionals to ensure people received timely care. This was confirmed by a healthcare professional we spoke with. There was also an example seen in one care plan that the home had worked closely with the SALT (Speech and Language Therapist) Team. This person had reduced her eating due to her fear of choking, there was an immediate re-referral to the SALT Team which was documented and this resulted in the person being placed on to a softened diet.
- People told us that they were supported by staff to receive health care in a timely way. One person said, "They are always communicating any problems to the doctor for me and always make sure I see someone fast if I'm not feeling well."
- People's care records included information about health needs and requirements. This guided staff in how these were met. Documentation was in place to share important information about people and their needs, such as if people showed certain symptoms to refer immediately to various health professionals.

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

- There was clear signage for people to be able to move around the home independently. This was in the form of signs to identify the kitchen, toilet, and other areas of the home.
- The environment was suitably decorated for people with dementia, examples of this were plain walls and no patterned wallpaper.
- The home was decorated to ensure there was a homely feel. Since the last inspection communal areas had been decorated and designed with points of interest for the people living there to engage with.
- We saw the design and positioning of the furniture encouraged people to engage with each other and socialise. An example of this was the dining area had small tables that only sat three to four people to encourage conversations during meal times.

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.

- There was work being completed around documenting best interest decisions in a clearer format. Examples of these were shown during the Inspection and further examples sent following the inspection.
- Where people had DoLS in place or applications pending, the MCA assessment was clear around each area that the person was being deprived. Examples of this were separate MCA for carers to use full body hoists, personal care, re-positioning, risk of falls and to be administered medication amongst others found.

- People were asked to provide their consent to receive care and support. Staff were seen to encourage people to make day to day choices and obtained their consent before commencing any care support.

## 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 were supported by kind and caring staff. During lunchtime staff were seen to interact with people in a positive way that showed a good rapport had been built. One staff said, "Can I help you there? Did you want me to cut that up for you? I'll just grab some salt, pepper and a spare tissue." The people responded positively to this interaction and smiled and nodded to the member of staff.
- Care plans were detailed of how to meet people's diverse needs. One care file was seen to detail a person's religion and guidelines of how staff should respect the choices of this person.
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes, this helped to reduce any deterioration in their mental and emotional well-being. One relative said, "Whenever [person] is having a bad day, the staff are so patient and kind to her that her mood is improved almost immediately."
- We heard the interactions between a staff member and a person who was being supported in their bedroom. The staff member explained what they were doing and checked that the person was comfortable and happy for them to proceed.

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

- People and their relatives had been involved in the creation of their care plan and the regular reviews. This was shown through sections of the care plan that included "What is important to me" and "what I mean" sections of a communication passport. This also detailed how people communicate, so staff were advised on how to support people to express their views.
- Feedback forms were regularly distributed and responses documented. These included the following comments, "The team are all friendly and welcoming. They like to get to know you and the resident and allow pets to be brought to visit. It is a very pleasant place and overall first impression was very good. Mums room is lovely & she has a nice window to look out at the garden."
- People were involved in making decisions about the food they received through menu/food questionnaires. This had led to new dishes being trialled on the menu that changed weekly.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful manner. One relative said, "They always ask me to leave if they are about to change or bath [person] and they always cover private areas, they are very respectful to her and always protect her dignity."
- Staff were seen to encourage people to make decisions to encourage independence during the inspection. One staff member said, "Please tell me what you would prefer, did you want to join in the

activities or do you want somewhere more quiet in the other lounge?" The person then made the decision and the staff supported them to do so.

- Staff were seen to knock on people's doors before entering bedrooms and then would enter slowly speaking loudly to the person inside to confirm they were comfortable for them to enter. One staff member said, "Privacy is important, their rooms are their bedrooms and their own private space, we must respect that."
- The provider had policies and procedures in place to protect people's personal information and staff adhered to these.

# 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

- Relatives told us how they were confident that staff knew their family member's individual preferences. One relative said, "It's amazing really how all the staff here know so many little details about [person]. It just shows that they actually follow all of the details in the care plans."
- Care plans were personalised, thorough and detailed to ensure staff could understand people's individual needs. The care plans showed clear guidelines and advice for staff to follow correctly.
- The care plans had involved the person and their relatives to obtain as much personal information as possible. Care plans were reviewed on a regular basis which showed that the care plan was reflective of people's current needs.
- Staff were seen throughout the inspection to encourage choice for the people living in the home. Many people were seen to move freely around the home making choices as to how they were to spend their time.

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.

- Care plans included communication sections which advised staff on how to support the person with various individual communication needs. These were in a clear format for staff to refer to quickly if necessary.
- The home had large print formats of various policies and also offered people pictorial aids to assist them to communicate. These were seen to be used on the day of inspection when people were being asked questions and encouraging people to make decisions.
- The registered manager also told us that they had introduced talking radios which helped engage people with limited verbal communication and support them to communicate their wishes easier.

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 home had an activities co-ordinator in post that organised a range of activities to meet people's different hobbies and interests. These included music sessions, armchair dancing and armchair exercises which was happening on the day of inspection. People were seen to engage well with the exercise session, where the activities co-ordinator worked with the external instructor to involve people of different capabilities. The people involved were smiling and laughing and generally engaging well, the exercises were also to music from their generation which some were singing along to.

- Further activities had been organised that involved the local community. Examples of these were activities arranged with local children's play groups and teenagers from the National Citizen Service (NCS), which is a group local to the area that were initially founded to help young people achieve their potential and build bridges between communities.
- A staff member said "It's so important for the people that live here to be comfortable and do things that they enjoy when it comes to activities. It's the best feeling when you see their faces light up because of one of the activities."
- People that were cared for in their room were visited by the activities co-ordinator at least three times a week to spend some one-to-one time with them if they wished. This included short periods of time including hand massages, reading and drawing.
- Relatives were encouraged to attend the home as frequently as possible to allow for people living in the home to maintain relationships that were important to them. Relatives told us that they were always made to feel welcome when visiting the home at any time of the day. During the lunch time session staff were seen to offer visiting relatives drinks and had conversations with them. One relative said, "They are so welcoming here, they've always made me feel at home, there never seems to be a time we have to leave for, we can visit whenever."

#### Improving care quality in response to complaints or concerns

- There was a clear complaints procedure and policy in place. Complaints that were viewed were addressed in an understanding way as the nature of a lot of the complaints were found to be due to the fact that the person was confused. However, even though at the beginning of the procedure this had been identified as likely, they still continued to complete a thorough investigation, updating and including relatives.
- Staff understood their responsibility to respond quickly to any concerns or complaints raised with them and follow the company policy that was in place. One staff member said, "If someone was to voice any concerns to me or make a complaint I would report it straight away. That way, it can be dealt with and addressed as quickly as possible."
- People told us that they knew how to complain if they felt the need to. One relative said, "I have total faith in the staff and the management that a complaint would be dealt with straight away, I've never had to raise one though."

#### End of life care and support

- End of Life plans were in care files in the form of advanced care plans, and the registered manager was in the process of completing more detailed end of life plans. At the time of the inspection there was nobody receiving end of life support.
- The registered manager explained that the care plans already contained people's preferences, culture and spiritual needs and some reviewed had funeral plans/arrangements also.

# 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 registered manager had introduced a, "Resident of the day" project. In this day staff would spend more time with this individual to learn small details about them. For example, details about their life history or preferences. On this day, the person's care file would also be reviewed, and relatives would be invited in to spend more time at the home. A result of this was regular reviews of people's care plans and relative involvement, as well as staff getting to know people they were supporting even better than they already did.
- We saw people and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home environment during our inspection.
- Staff felt supported and valued in their roles. One staff member said, "It's nice to know that your opinion is valued. I know if I had a recommendation or concern I could voice it straight away."

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 aware of their responsibility to inform CQC and other relevant parties of any accidents or incidents that occurred within the home. The records in the home showed that all relevant notifications had been made to CQC.
- Records demonstrated that investigations had been undertaken and relatives informed when and why things had gone wrong.

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

- Staff spoke highly of the registered manager and how they are reminded of their roles and responsibilities through regular supervisions and staff meetings.
- The registered manager and provider had quality assurance systems in place to enable them to monitor the quality and safety of people's care. These audits identified any need for improvement. These were then analysed and changes made in attempt to prevent future re-occurrences.

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

- People's relatives told us that the home was good at communicating with them. A relative said, "I'm always kept up to date about anything and everything. I've never felt left in the dark or anything."
- The registered manager asked for regular feedback from people living in the home and their relatives. This



gave people and relatives the opportunity to comment on the service provided. One relative said, "The manager is approachable, she always seems to be around as well, if you ever have a question she is always available."

- We reviewed the feedback questionnaires and all the responses were seen to be positive, and no concerns raised. The registered manager explained that if any concerns had been raised they would be addressed immediately.
- There were staff meetings where staff members could put forward ideas for changes to improve the service in the home. This was also an opportunity to voice any concerns. Staff told us that this made them feel involved in the running of the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had worked with a range of health and social care professionals to support the people with their current and changing needs. When people's needs increased the registered manager consulted health professionals to support the person's needs.
- Staff received training and support to meet people's needs. Staff meetings and handover meetings between shifts assisted staff to identify and address any changes in people's wellbeing and needs.
- The registered manager told us how they attended management meetings with other homes owned by the provider to ensure they could share any learning and improvement and bring positive ideas back to the home. The registered manager was also invited to the local adult social care managers meeting, where she received updates in relation to change of best practise.