

Black Swan International Limited

Heathcote

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Heathcote is a converted residential care home without nursing for 29 people, some of whom are living with dementia. At our last inspection we rated the service Good overall and Outstanding in the Caring key question. At this comprehensive inspection, which we carried out on 18 and 24 September 2018 we found the evidence continued to support that rating of and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Because the rating remains Good, this inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection in 3 September 2015, there has been a change of registered manager, however, the people who lived in the service told us that they continued to feel safe and very well cared for. There were systems in place which provided guidance for care staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. Risk assessments were still in place to identify how the risks to people were minimised. There continued to be sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living in the home were still being supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's needs were assessed and the service continued to support people to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to have access to healthcare services.

We saw many examples of outstanding and positive caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff continued to strongly protect people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service still listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed. People were supported at the end of their lives to have a comfortable, dignified and pain free death.

The registered manager told us that they were well supported by the organisation. The people using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were still good systems in place to monitor the quality of service the organisation offered people to ensure it continued to meet their needs.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Outstanding	Outstanding ☆
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Heathcote

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was carried on 18 and 24 September 2018 and this visit was unannounced. The inspection team consisted of one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with five people, two visitors and observed care to help us understand people experiences.

We also spoke with the registered manager, the regional manager and five care staff and a local healthcare professional. We reviewed three care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

During our last inspection of Heathcote we rated this key question as Good, during this inspection we found the same level of protection from harm and risks as at the previous inspection, in September 2015, staffing numbers remained consistent in meeting people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One person told us, "I'm safe here, I don't have anything to worry about." One person's relative said, "My [relative] is safer here than [they] were at home." Another person's friend told us, "Since my friend moved here they have become more relaxed and feels safer. They tried another place and left to go back home, but they couldn't manage alone and we found Heathcote, they haven't looked back since."

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they continued to complete training, understood the responsibilities of safeguarding and were familiar with the provider's and the local authority's safeguarding policies. One member of staff told us, "I would never look the other way if I saw someone being hurt." When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and continued to follow them up to learn lessons and make improvements when things went wrong.

Risks to the service and individuals continued to be well managed. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was still proactive in ensuring that these control measures did not restrict people's independence. For example, for people at risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the risk involved without impinging on their independence, enabling people to continue to make decisions and choices for themselves.

Records showed us that people who had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

The registered manager calculated how many staff were required to support people. People we spoke with told us that there were enough staff on duty to support them. One person who lived in the home said, "The staff are around, you only need to ask if you need something." Another person commented, "There are busy times, but I don't go without." One person's relative told us, "I spend a lot of time here with [my relative], they aren't kept waiting for long."

We viewed the rotas in place and saw that safe levels of staffing had continued to be maintained and that they were planned well in advance. We saw that the staff team worked well together and ensured people's needs continued to be met appropriately. For example, we noted that people's call bells were responded to promptly, people received their meals in a timely fashion and people's requests for assistance were responded to without undue delay, showing that the service continued to ensure there were suitable numbers of staff on duty to meet people's needs.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff and the attainment of references. This meant that the service continued to check staff's good character and suitability to work with the people who used the service.

Medicines were safely managed. Staff continued to undergo regular training and to have their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were able to tell us about medicines and their side effects and those medicines that were time critical when they were to be administered to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended. We were told that there was a good relationship with the local supplying pharmacist who audited medicines at the service.

The service was clean and hygienic. Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and hygiene. The service was kept clean and had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded. There were systems in place to reduce the risks of cross infection. All the bathrooms and toilets had liquid soap and hand sanitiser and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

Is the service effective?

Our findings

During our last inspection, we rated this key question as Good, during this inspection we found staff had the same level of skill, experience and support as we found at our previous inspection in September 2015, which meant people's needs were met effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Detailed assessments were carried out for people before they moved into the home. We saw that these formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual holistic needs effectively and without discrimination.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact with their friends and relatives by e-mail.

Staff told us that they continued to have the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisals. The supervision sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People we spoke with and their relatives, responded positively as to whether they felt staff were well-trained. For example, one person told us, "I get on with all the [staff], they know how to get things done." Our observations also confirmed that staff were competent when using equipment such as hoists, when transferring people from one place to another. One person's relative said, "The staff are trained well, if I have questions, they know the answers or can get them for me."

We found that people were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Lunchtime was a relaxed and sociable occasion. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menus and options and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different.

One person who lived in the home told us, "You can have what you want, all the food is very nice." Another person said, "The food is good and I enjoy the conversation over dinner with a glass of wine." One person's relative told us, "My [relative] always eats well, the food looks good and smells tempting."

We saw that there were sufficient staff to support and attend to people's requirements as needed and that staff followed individual guidance with regard to supporting people who had difficulties with eating,

drinking or swallowing or required thickened, pureed or special diets.

Information we looked at in people's care records showed that risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. We saw that appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People continued to be well supported to maintain good health. People had regular access to relevant healthcare professionals and detailed records were maintained regarding who had visited and any action taken. For example, one person had refused their prescribed painkillers at lunch time, we saw the care staff raised this with the doctor explaining that the person often refused them, the doctor changed the medicine to PRN (as required) enabling them to ask for it if they were in pain. We later heard this change being explained to the person by the senior carer.

The registered manager and care staff continued to have a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. The doctor visited the service weekly and saw a list of people and would often request to see others to do a medicine review, which everyone had regularly.

One healthcare professional told us that they had been working with the service a long time and that staff were knowledgeable about people's histories. They commented, "I would be happy for one of my relatives to live here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We saw that mental capacity assessments had been completed appropriately for people who appeared to lack capacity to make certain decisions for themselves. We also saw that best interests decisions were carried out with relevant people and DoLS were applied for when deemed necessary. When it was time for people to have their annual flu jab the service sought consent for the inoculations in advance and send it to the surgery before the day.

Is the service caring?

Our findings

During our last inspection in September 2015, we found this key question to be Outstanding, during this inspection we found people remained very happy living at the service, without exception people continued to be complimentary of the staff and felt well cared for. The rating continues to be Outstanding.

People we spoke with described the staff as caring, kind and helpful and said that they were consistently treated with compassion, empathy and respect. People living in the home and some people's relatives said they felt they mattered and that staff listened to them. One person's relative told us, "I can't fault the staff, they are all lovely. They go out of their way to make [my relative's] life more comfortable." Another said "The girls [staff] come in on their days off to help out with trips. My [relative] has so much to look forward to now."

One person told us, "I'm very well looked after here, the [staff] seem to care so much. They make me laugh and cheer me up if I'm feeling down." Another person said, "This place is awful and the staff are rubbish!" with a wink and big smile towards the staff at the other end of the room. "But I'll not bother looking for somewhere else, I couldn't get better care."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. We heard staff consistently stopping to chat with people about their interests and what they had been doing. A member of staff told us, "I love working here, the people are interesting to talk to and the staff have time to spend time with people, we will join in the activities and just sit and chat at other times." Another staff member told us, "We are all here to care for the people living here, I treat them the same way I would treat my grandmother."

We saw that people's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family members' care. The relatives we spoke with confirmed there was an open-door policy with the management team and that they felt welcome at the home. One person's friend commented, "The staff are so kind to me when I visit, they make me feel as comfortable as they make my friend."

One healthcare professional we spoke with was complimentary about the care they had seen people getting and commented, "I would be happy for one of my relatives to live here." We observed many occasions of people having fun, laughing, singing, singing along with the entertainers and doing the things they wanted to do.

People and their relatives told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. For example, one person told us that they had only agreed to moving into the service if they could bring their pet, which they cared for in their room. This had made a really big difference to the person as they were happier, more relaxed and at ease with their surroundings. They told us, "They go out of their way to make life easier for me."

People were supported to maintain existing relationships, as well as make new friends and avoid social isolation. For example, two people who lived in the home had become friends and told us how they enjoyed having their meals together and liked to sit together in the lounge chatting.

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service. Staff also demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis. One person told us, "I am content here, the staff are good, they treat me with respect, I made the right choice in coming here." Another person said, "They are discreet and never embarrass me in front of others, sometimes I can be a bit messy, but they make sure I always look my best. A relative told us, "Yes, all the staff are very respectful. They always knock on my [relatives'] door when we're in their room and pop in to see if we need anything."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection in September 2015. This key question rating remains Good.

People's care records were easily accessible by relevant staff and we saw that people's information was comprehensively detailed, whilst being clear and easy to follow. The records we looked at for people were up to date and had been regularly reviewed.

We saw that people's personal profiles were person centred and still matched what people told us and what we observed. For example, one person's profile said they, 'Do not like fuss, noise and mundane things, enjoys the simple life and loves the outdoors.' Another person's profile described how much they enjoyed the companionship of their pet. We saw each of these people spending time during the day, as described in their profiles.

We found that the staff team continued to work cohesively to ensure people living in the home were consistently safe, well cared for and happy. For example, we noted that while some people were watching television or quietly resting in the communal areas, staff remained attentive and observant, whilst engaging in other work within the home.

We found that activities were varied and were well attended. The activities coordinator told us that they organised structured activities and entertainment, as well as spending time with people who were unable or reluctant to join in with group events. They told us, "The team are great, we work well together. There are always staff who help with the activities." We noted that some care staff also spent time with people on a one-to-one basis where possible and one person told us, "This [staff member] is lovely, we go out for a bit of shopping from time to time and she looks after my nails, don't they look nice? I'll try a different colour next time."

During the two days of our inspection we saw that people were occupied and engaged with each other and staff. There were two external entertainment sessions, an organised yoga session and other inhouse organised activities such as quizzes, film sessions and discussions. Families from a local playgroup visited regularly and people told us how they enjoyed their visits. One person told us, "My days are kept busy, I like to see the comings and goings and the singers are very entertaining."

The service continued to take people's comments and concerns seriously and used them to help drive improvement within the service. Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way.

One person living in the home told us, "Everything's very good here, I've got no complaints at all." Another person said, "The staff listen if you've got a problem and get things sorted out for me."

One person's relative told us, "All the staff are very approachable and I know I can talk to the manager at any time. We also have relatives' where we can have our say. We don't have to wait for the next meeting though, the manager's door is always open."

People's individual choices and preferences were kept under constant review and care plans were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was sought promptly when needed and people were provided with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away.

Is the service well-led?

Our findings

At this inspection we found the service and staff were as well led as at the previous inspection in September 2015. The rating of this key question remains Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. The staff we met with all spoke very highly of the management team and the staff team as a whole.

One member of staff told us, "The manager is the most supportive manger I have worked with. The team is close, we all work together."

People told us that they were happy with the quality of the service, one person said, "I can't fault them, [the staff] are there when I need them and listen to me, I get what I need." People and their relatives thought that the service was well-led, one person said, "[The staff] are kind, work together and I love it here."

Staff were enthusiastic in their work and comfortable in their roles and the staff team worked closely together. Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "I attend team meetings and have my say, I feel supported."

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. One relative said, "There are resident's meetings, I come along to share my thoughts. They do take notice."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.