

Wellburn Care Homes Limited

Heatherdale Residential Home

Inspection report

South Broomhill
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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

Heatherdale Residential Home is a care home which provides care for up to 36 people. The service does not provide nursing care. Care is primarily provided to older people, some of whom are living with dementia. At the time of the inspection there were 35 people using the service.

The service accommodates people across two floors, with communal lounges, dining rooms and bathing facilities. There is a secure enclosed garden for people and visitors to use.

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

People and relatives praised the management and staff for the quality and care of the service provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy, dignity and independence were maintained. There was a range of activities for people and their relatives to participate in and community involvement also reduced social isolation.

The service was clean and tidy with an ongoing programme of work planned to further modernise the building.

Medicines were administered to people as prescribed. Some minor issues with medicine recordings were either addressed on the day or confirmed as being addressed.

The management team were approachable. People told us they would have no hesitation in sharing their views. The quality of the service provided was monitored and any issues arising were addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 1 March 2017). At this inspection we found the rating remained the same.

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 ●

Heatherdale Residential 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 team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heatherdale Residential 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.

The service had a manager registered with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority safeguarding and commissioning teams, local infection control lead for care homes and Healthwatch. Healthwatch represents the views of the public about health and social care services. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and eight relatives and friends. We also spoke with the registered manager, deputy manager, three senior care staff, the activities co-ordinator, three care staff, a kitchen technician and one domestic. We also spoke with a GP, two district nurses and a care manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a selection of records. This included four people's care records and the medicine records for every person. We reviewed four staff personnel records and various records related 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 protected from abuse and told us they felt safe. Staff received training in safeguarding vulnerable adults. Staff were able to tell us what they would do if they were concerned about the treatment of people. One person said, "I'm confident about my safety here."

Assessing risk, safety monitoring and management

- Risks people faced in their day to day lives had been identified and measures put in place to reduce the risk of harm. However, we did find some risk assessments were not in place, including for behaviours that challenged the service. We discussed this with the registered manager who said it would be addressed immediately.
- Checks on the environment and equipment took place, for example checks on mattresses and fire procedure. Plans were in place to ensure people were supported to leave the building in an emergency.

Staffing and recruitment

- Robust recruitment procedures continued to be in place to ensure suitable staff were employed. We found a couple of minor gaps in recording which we highlighted to the registered manager for future applications.
- Enough staff were on duty to meet people's needs. Recent changes to staffing levels had been implemented and this was being closely monitored by the registered manager to ensure there was no detrimental impact to people.

Using medicines safely

- Medicines were administered safely. We identified some minor improvements were needed in relation to the recording of medicines. This included the written procedures for giving 'as required' medicines, for example, Paracetamol for pain relief. The registered manager told us they would address this immediately.
- Staff responsible for administering medicines were trained and deemed competent. The registered manager was in the process of reviewing competencies in light of some medicines being found in communal areas.
- Storage and disposal of medicines was managed well. The registered manager was in the process of improving their disposal boxes to ensure they fully complied with best practice guidance.

Preventing and controlling infection

- The service was clean and tidy, and staff followed best practice to help prevent any infection, including the use of gloves and aprons when appropriate.

Learning lessons when things go wrong

- Accidents and incidents were analysed and signed off by the registered manager. Any issues identified were addressed and lessons learnt were discussed with staff.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. People's needs were continually monitored for change and care plans were updated as necessary.
- People had choice, and this was observed taking place throughout the inspection.

Staff support: induction, training, skills and experience

- Staff had received a suitable induction to the service and in line with the Care Certificate.
- Staff competencies were monitored, and a variety of training was provided to ensure they could effectively meet the needs of people.
- Staff were supported and received regular supervision and annual appraisals. One member of care staff told us, "We are supported and can go to any of the seniors or managers any time."

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

- People were supported to eat and drink enough food to maintain a balanced diet.
- People at risk of malnutrition or dehydration were closely monitored and professional help was requested in a timely manner when required.
- People and their relatives spoke positively about the food provided.

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

- People had access to a range of healthcare services. The service received weekly visits by a local GP who said, "Staff will immediately spot when things are not right and act quickly to get professional help."
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people, this included district nurses, occupational therapists and dentists.

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

- The provider had a programme to continually improve the environment for people, including redecoration. For example, plans were in place to make adaptations to the interior reception and surrounding areas.

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.

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed. It was unclear in some documents whether a DoLS was in place or not. We discussed this with the registered manager who said they would address this straight away.
- Staff had a working knowledge of the MCA, and we saw them supporting people to make as many decisions as possible for themselves.

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 well supported and treated with kindness and compassion. One person said, "There is a male carer that I hold in high regard and he worked closely with me and made me what I am now; full of confidence."
- We saw many examples of kind and caring interactions between people, visitors and staff. These included, staff spending time chatting in the garden to visitors about the health of their relative and one staff member spending time reassuring one person who had become upset.
- People were valued as individuals and both them and their belongings were respected by staff. One person told us, "The attitude of the staff towards all of us is perfect. For example, some people have advanced stages of dementia, a lot more than me, and they all get treated with the same respect from staff and carers alike." One relative told us, "The laundry is spotless, and they never get clothing mixed up."

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

- People were given choices in their day to day lives and the care they received. Staff had time to talk and listen to people. One person said, "Staff like to listen to my stories of my past life in the army, but I'm always conscious that I bore them by now, but staff never seem to lose interest in me no matter how much I go on."
- Staff offered people choices and helped them make decisions.
- Staff sought external help to support decision making for people, such as advocacy services, where needed.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the dignity of the people they cared for. For example, bedroom doors were closed when personal care was delivered.
- People were encouraged to remain as independent as possible. One person said, "I'm still fairly fit and healthy and I feel that staff promote my independence in this area."
- Privacy was maintained. People had bedroom door signs which stated if they did not want to be disturbed and we observed staff respecting this when signs were in place.

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

- People's needs were identified, recorded and acted on in a way which was personal to them.
- Care plans were person-centred and contained details of people's choices and preferences. The registered manager was in the process of further reviewing care plans to ensure they were fully reflective of the needs of the people they cared for.
- People's cultural and spiritual needs were considered as part of their initial assessment.

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 were in place to support people with their communication needs.
- Information was provided in ways which people could understand.
- Staff knew how people communicated and expressed themselves and this helped people have choice or to help staff identify when people were in pain.
- Technology was used and continued to be developed, including voice recognition systems which could play music, be asked questions and play games.

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 encouraged to take part in activities, events and outings of their choice. Family and friends made regular visits to the service.
- An activity coordinator was in place and provided a variety of meaningful activities such as arts and crafts. They were well known by people and their relatives. One person said, "Oh, she is lovely, we have all types of things going on."

Improving care quality in response to complaints or concerns

- Complaint procedures were displayed for the information of people and their visitors.
- No complaints were recorded since our last inspection, but we were confident that any issues would be dealt with appropriately. People told us they would have no hesitation in complaining if they needed to. One person said, "I've never had the need to raise any complaints over the two years I've been here."

End of life care and support

- At the time of the inspection no one was receiving end of life care. Previous information available confirmed that people were well supported, and health care professionals had been fully involved.
- Compassionate care was provided at the end of people's lives. A GP told us, "□They do lots of end of life care and manage end of life care really well. One person who recently died chose to come here to do this."

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 staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- People had been supported to set goals and wishes they would like to achieve, and many had already achieved these.

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 principles of the duty of candour were embedded within the registered managers practice. They were open and honest and worked in partnership to make improvements. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff spoke positively about the culture and values of the service. One member of care staff said, "We never try to hide anything, especially if we have made a mistake. You can always learn. We have been encouraged to speak up."

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

- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support.
- The provider was attentive in reporting and investigating any concerns or issues, particularly of a safeguarding nature. This included communication with relatives when necessary.
- The previous service rating was displayed within the service and also on the providers website in line with legal requirements.

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

- People and their relatives were invited to meetings to discuss the quality of the service and care delivered. The registered manager acted upon feedback from meetings.
- Feedback was sought from people and visitors to the service in a range of ways, including questionnaires. When issues had been raised, the staff team worked together to address these wherever possible.

Continuous learning and improving care

- Staff meetings were held, and staff said they could voice their opinions and make suggestions for improvement.

The provider had an effective quality assurance system to review areas of the service and to drive improvement.

- The management team had a system of audits to monitor and assess the quality of the service provided. Actions had been taken when issues had been identified.
- The registered manager was visible about the service and was responsive to the needs of people, relatives and staff.

Working in partnership with others

- Healthcare professionals were keen to tell us that the service worked well with them. One district nurse told us that staff stay with them during their visit to better support people while they perform various tasks. They said, "Credit where credit is due."
- The service had good links with the local community. The community visited the service regularly, including for various events taking place. A recent barbeque had attracted over 100 people, many of whom were local to the area. Local school children visited the service on a regular basis and people from the service reciprocated by visiting the school too.