

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Heathfield Care Home

Main Road, West Wittering, Chichester, PO20  
8QA

Tel: 01243511040

Date of Inspection: 27 February 2013

Date of Publication: March  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Intercare Orthopaedic Services Limited
Registered Manager	Mr. Raymond Arnold
Overview of the service	Heathfield Care Home is registered to provide accommodation for persons who require personnel care for up to twenty three older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We carried out a visit on 27 February 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

Doctor

---

### What people told us and what we found

---

We were informed that there were twenty one people living at Heathfield Care Home.

We looked around the building which was clean but smelt of unpleasant odours. The manager informed us that they were part way through a refurbishment programme which included the relocation of the laundry, and facilities for staff. The rooms were personalised with photographs, TV's and pictures and some people had their own furnishings. There was a lift so people could access the first floor.

During our visit we spoke with four people who used the service and four members of staff including the registered manager. We also spoke with a Doctor who visits the home regularly and a visitor. We spent time observing how staff interacted and supported people. We saw staff treating people in a sensitive, respectful and professional manner.

All the people we saw looked happy living at Heathfield Care Home. People told us that it was a very nice home, and that the staff were ok and helpful. A Doctor who was visiting the home told us that they thought it was a good home, and that the people seemed happy and cheerful.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected

---

### Reasons for our judgement

---

We saw written information about the needs of people that lived at the home which helped the staff to provide the help and support that each individual required. This was documented in people's files. We saw people's wishes and preferences in relation to the care being provided and how they liked to be supported. Care plans had details of people's likes and dislikes. People told us that they chose what to wear and staff told us that they always ask people what they wanted to wear if they needed assistance.

Twenty one of the bedrooms at Heathfield Care Home were single occupancy; the majority of the rooms had their own en-suite with toilet, hand basin and shower ensuring privacy during personal care. We also saw that bedrooms, communal toilets, and bathroom had lockable doors to protect people's privacy. A member of staff we spoke with told us they encourage people to be independent, and they will prompt and support people to do as much as they could themselves.

The home employed an activities' organiser who facilitated different activities in the home. On display was a four week programme of activities that was on offer seven days per week. The manager told us that activities took place throughout the day and into the early evening. The home offered a variety of different activities for people including story reading, quiz, music and movement, and dancing. When we visited people were enjoying an aroma therapy session and in the afternoon people were able to purchase sweets and biscuit from the mobile 'tuck shop'. We could see that people enjoyed these activities by their interaction and laughter with the staff.

The manager also informed us that they organised family social events, and on a Friday there was a social evening which family members could also participate in with a buffet and entertainment. One person told us that they liked to go out to car boot sales and they had trips out in the summer, another person told us that they liked to spend time in their room reading and watching the television. Another person told us they were kept very busy.

The manager told us that the homes routines were flexible to suit the needs of individuals.

People told us that they can get up and go to bed when they want too and they could also have breakfast in their rooms if they wanted too.

The home had a four week menu; the menu for the week was varied, with people being given choices for at breakfast, lunch and supper time. The manager told us that staff checked with people the day before. People's food options for the day were recorded. At lunch time we observed that food was served to people's liking, staff were aware of people's likes and dislikes. One person told us that they liked to have all their meals in their room and we observed staff assisting another person with their food.

In the dining areas we observed that people were not rushed and people were able to enjoy their lunch with a glass of wine. We observed that people enjoyed their meal time as people were engaged in conversation and there was also laughter. At the end of the lunch time meal the cook spoke to people to check if they were happy with the food. People told us that they the food was nice. Meals were well presented and throughout the day fresh fruit and hot and cold drinks were available. The Doctor commented that that the tables were always laid and the food looked good. People told us they were able to choose what they wanted and were offered more food if they wanted it.

We observed staff respected people's privacy, before they entered a person's bedroom staff would knock. The rooms were personalised with photographs, TV's and pictures. Some of the people had their own furnishings.

We asked staff how they treated people with dignity and respect, staff told us that they treated people as individuals and that they accessed the needs of the people throughout the day for example a person may have been able to feed themselves in the morning, but by the evening as they were tired that may need more assistance. Staff also told us that they had enough time to spend with people and they listened to what people wanted.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

We looked at two care plans as well as their daily notes. The care plans all had photographs of the people; and were person centre. People's assessment of care needs looked at their goals, their outcomes and support required. All aspects of people's care needs were reviewed for example dressing and grooming, washing and bathing, mobility, nutrition, eating and drinking, hobbies, interests and community involvement.

The plans were reviewed by the senior staff on a regular basis within put from staff, people confirmed that they met with staff and that their care plans were discussed with them, and people had signed their care plans. This demonstrates that people were involved in the planning of their care.

Risk assessments had been completed and reviewed regularly, and they were used to inform the care plans. These included strategies about how risks would be managed for example moving and handling, and falls.

People's records had details of for example their General Practitioner and next of kin. Any visits by or to healthcare professionals were recorded to show how people's healthcare needs were being met. The home also monitored people's weight on a regular basis; any concerns were followed up with the Doctor and where necessary review their dietary needs with the cook. This demonstrates that the home was taking appropriate steps to ensure that the home was meeting individual needs

The Doctor we spoke with told us that they visit the home on a weekly basis and they found the staff caring and helpful. They told us that the home also works closely with the mental health team. This demonstrates that the home involve appropriate professionals in the relation to peoples care.

In people's daily diaries staff recorded and commented on how people had spent the day, what people had eaten and drank and any activities that they had participated. This ensured that all staff were aware how people had been during the day, and at hand over meetings at the change of shift were observed staff up dateing each other about the people they had been supporting during the day and highlighting any concerns..

**People should be protected from abuse and staff should respect their human rights**

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

### **Reasons for our judgement**

---

We spoke with three members of staff including the manager about their understanding of safeguarding people who use their service from abuse. They were able to tell us about the different types of abuse and where able to describe what behaviours someone may display if they were being abused. Staff were aware that they should report any concerns to an appropriate person and in the managers absence they would contact the local authority safeguarding team.

The manager told us that they were confident that the staff would report any concerns, and that the staff had been trained in Safeguarding Vulnerable Adults and some of the staff had been trained in The Mental Capacity Act. Training records and staff training certificates confirmed this.

We looked the homes Safeguarding Policy and found it to be reflective of current guidance. The Doctor informed us that they had not received any negative feedback from relatives about the home.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## Our judgement

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

We spoke with four members of staff including the manager. Staff felt they worked well together and communication within the team was good. Staff told us that they felt very supported by the manager. The Doctor we spoke with commented that the staff were good as anywhere else.

One the day of our inspection four members of staff were on duty plus the manager. On reviewing the rota we could see that in the afternoon three staff were rostered and at night two staff were available providing night waking support. The manager reported that staffing levels are determined by the needs of people using the service and there is flexibility to be able to change staffing levels where needed. The Manager was in the process of recruiting additional staff, another senior carer and an apprentice. The home also employs staff that provide cleaning, and catering services. Staff told us that they felt there was enough staff and that they were able to spend time with people.

We saw copies of staff supervision notes and appraisals. The senior member of staff we spoke with said that they worked along side the staff, and supervisions were either observational or formal. This demonstrates that staff were properly supported to provide care to the people who use the service.

The home had a rolling training programme which ensured that staff training had been kept up to date. We looked at staff training records and saw certificates and records of training attended by staff. Staff had been trained in for example manual handling, COSHH, health and safety, food hygiene, fire safety, medication awareness, infection control, safeguarding vulnerable people.

Staff had also attended training that was specific to the needs of the people living in the home that included the caring for people with dementia, challenging behaviour and mental health awareness. Some staff also had NVQ's in health and social care. The home held copies of people certificated on the personal files. Staff we spoke with said they had attended training and felt they had the skills needed to meet people's needs.

We also reviewed the personal file of a member of staff, we saw that a recruitment process had been followed, with a completed application form and record of interview held on file. References had been taken up and an enhanced criminal records check had been carried

out. On file was a copy of the induction training schedule which was in the process of being completed. This demonstrates that the home has effective recruitment and selection procedures in place.

The manager told us that they actively recruit people to come and work at the home from Eastern Europe, and the home provides accommodation for five staff on site. People did comment that that sometimes they found it difficult to understand what was being said.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

---

### Reasons for our judgement

---

We asked the manager how they monitor the quality of the home and we were told that the home has a number of systems in place. The home undertook and recorded a number of checks; which included checking the water temperatures in all bathrooms and showers weekly, health and safety and fire safety checks. The manager informed us that the home also audits the care plans and the medication on a monthly basis.

The home has regular meetings with the people who use the service, we saw copies of the minutes that were on display. The minutes showed that requests by the people had been actioned – for example new knives had been purchased, and the activities programme was discussed.

The home undertakes annual customer satisfaction surveys. The home had recently carried out a relative's satisfaction survey, we saw the feedback from six replies which were all very positive and complimentary about the home and staff. The manager also carries out an annual staff survey's; this had just been undertaken, we saw two replies that had been received which showed that staff felt supported, and felt they had appropriate training.

The home had been inspected by the Food Standards Agency and had been awarded a food hygiene rating of five.

The home had a number of policies and procedures in place which had been reviewed in 2011 and accessible to staff. It was evident that the home was using a variety of methods to monitor and review the quality of the service provision

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---