

Flollie Investments Limited

Heathwood Care Home

Inspection report

9-11 Trewartha Park
Weston Super Mare
Somerset
BS23 2RP

Date of inspection visit:
13 June 2019

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23 August 2019

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

Heathwood is a residential home providing personal care to 27 people living with dementia. There were 25 people living there at the time of our inspection.

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

People received good care and support. The registered manager made use of tools developed by university research in to dementia, to empower people and listen to their views. Everyone's views and opinions were important, even if the person was unable to express themselves verbally. Strong relationships were built between staff and people using the service. There was a positive, joyful atmosphere in the home throughout our inspection. Our observations, showed staff were attentive to people's needs and moods.

People were able to live active, fulfilling lives. There was a range of activities and excursions planned in accordance with people's preferences and wishes. People were all valued as individuals and staff knew them very well.

The home was well led. There was a strong commitment to continued improvement and learning. The registered manager had been very successful in creating links with the community and it was clear that this brought a lot of joy to the people living in the home. There was high staff morale within the team and so people benefitted from being supported by an enthusiastic and motivated staff team.

People were safe. Staff were trained in and understood how to safeguard people from abuse. Risks were managed and measures were in place to guide staff. People received safe support with their medicines.

Staff told us they felt well trained and supported in their roles. There were positive working relationships with healthcare professionals involved in the home.

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.

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

Rating at last inspection

The last rating for this service was Outstanding when our last report was published in December 2016.

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 caring.

Details are in our caring findings below.

Good ●

Heathwood Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. The inspection took place on 13 June 2019.

Service and service type

Heathwood 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.

The service had a manager registered with the Care Quality Commission. This means that they 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 the inspection :

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 looked at notification the registered manager had sent us. Notifications are information about particular events the provider is required to send us by law.

During the inspection-

We spoke with four relatives and a district nurse during the inspection. We spoke with the provider, the registered manager, the deputy manager and three care staff. We also spoke with a visiting nurse. We spent time with people during the inspection but didn't ask specific questions about their care due to their communication needs.

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 reviewed three people's care records as well as other records related to the running of the home, such as medicine records, complaints and training records.

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

- Staff were trained in safeguarding and told us they felt confident and able to report any concerns about a person.
- Our observations throughout the day showed that people were comfortable and at ease with staff.
- The registered manager contacted the local safeguarding team if they had any concerns about a person's wellbeing.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe care and support. These contained the measures in place to manage the risk. For example, one person was at risk of scalding themselves and so staff were required to check the temperature of their food and drink.
- For those people at risk of falls, we saw that measures were in place to keep the environment clutter free.
- Nationally recognised tools were used to assess the risk of malnutrition and pressure related damage to the skin.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people were safe and their needs met. This was flexible and could be increased if necessary, for example for particular events and occasions when more staff were needed.
- Relatives told us they felt there were enough staff and there was always someone available if needed.
- The registered manager told us, and staff confirmed that no agency staff were used. Staff told us they were happy to cover unplanned absences from work as they loved coming to work. Staff also understood the importance to people's wellbeing of being supported by people who were familiar to them.
- There were processes in place to make recruitment as safe as possible. This included gathering references and a Disclosure and Barring Service check (DBS).
- People were involved in the recruitment process and attended staff interviews so that their views and opinions were considered.

Using medicines safely

- There were safe systems in place to manage people's medicines. These were stored in locked cupboards so they were only accessible to staff authorised to do so. There was additional security for those medicines that required it.
- Medicines were stored and administered in three separate areas of the home in accordance with where people preferred to eat their meals. Three different members of staff administered medicines in each of

these areas to allow time to administer them safely. This reflected a person centred approach to managing medicines.

- People's medicines were supplied by the pharmacy in a monitored dosage system (MDS). The MDS arranges medicines in accordance with the days and times they need to be administered. The registered manager told us that the pharmacy would soon be moving towards medicines being supplied in their original boxes. This is in line with current NICE guidelines.
- People's care plans contained details of the ways in which people preferred to take their medicines. Staff confirmed they had received training in medicine administration and the registered manager confirmed staff would not be allowed to support people with medicines if they didn't have the training to do so.
- Arrangements were in place to return unused medicines to the pharmacy.
- Medicine administration was recorded on Medicine Administration Records (MAR). We viewed a sample of these and saw they were completed accurately.
- The registered manager completed checks to ensure stock levels of medicines were as expected. This would give opportunity to identify any errors that had occurred.

Preventing and controlling infection

- The home was clean and free from odour. Relatives confirmed the home was always clean. During the inspection we saw how the registered manager was attentive to areas of the home that required attention and asked a member of staff to clean the area straight away.
- There were domestic staff on duty ensuring the environment was kept clean.

Learning lessons when things go wrong

- Accidents and incidents were recorded so that any themes or trends could be identified and addressed. The registered manager viewed the recordings of all incidents that took place.
- The registered manager told us how on one occasion a service user had been admitted to hospital and whilst they were there they became very distressed and kept removing their identification wrist band. A staff member went to the hospital to help support them and provide a familiar face and reduce distress. Following this, the registered manager put new arrangements in place for hospital admissions. This included adding photo ID to the hospital admission pack and further personal details about the person so that hospital staff could provide better care.

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 fully assessed before coming to live at the home. This included for example their social needs, emotional needs, physical and communications needs.

Staff support: induction, training, skills and experience

- Staff were all positive about the support and training they received. One member of staff commented that the training was "really good" and another commented "the support is very good".
- There was an online training system used which the registered manager told us had been working well as it was flexible to staff's individual circumstances and could be completed.
- Staff told us they had opportunity for 1:1 supervision every few weeks. 1:1 supervision is an opportunity for staff to discuss their performance and development needs. Staff also felt able to discuss or raise any issues between these times.
- Staff were encouraged in their professional development. One member of staff told us they had no previous care experience prior to working at the home, but they were now interested in nursing as a career. They told us the registered manager was very supportive of this and helping them find relevant opportunities and experiences.

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

- People were supported to eat a healthy, balanced diet. We spoke with the chef, who told us communication was good with staff and they were made aware of any particular dietary requirements, such as diabetes. The chef was also aware of ways to fortify foods, with extra calories for those people for whom there may be concerns about weight loss.
- Food and fluid charts were used for people where there was a concern about their appetite and we saw that these were completed accurately. The amount of fluids a person had drunk that day were totalled so that this could be easily monitored.
- At the midday meal, we saw that staff were attentive to people and offered support as needed. One person became distracted during their meal and left the table. Staff noticed and encouraged them back to the table and spent time with them so that they ate the rest of their meal. People were offered more food if they wished and they had their own preference of drink. One person was enjoying an alcoholic free beer of their choice.

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

- People received support from healthcare professionals when required. During our inspection there was a nurse visiting a person. They told us staff communicated well with them and let them know if they were any concerns.
- Relatives confirmed they were happy with how the home communicated with the GP and told us they were contacted if there were any problems.

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

- The design of the building had been well designed to meet the needs of people with dementia. The registered manager told how this had been designed with the use of a tool devised by the university of Stirling. They gave us examples of how this tool had influenced the design of the home, for example by using different coloured napkins to the tablecloth so that they could be easily discerned. We also saw how the doors to all of the toilets were painted red to ensure they were easily recognisable.
- The layout of the home was simple and easy for people to navigate. There was a large lounge/dining area centrally that was easy for people to locate and navigate towards. There was also a pleasant and secure garden area that people could access directly from the lounge. The garden area was well used by people, with lots of gardening activities taking place.

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.

- The registered manager had systems in place to monitor people's DoLS application and to make new applications as their old authorisation expired. They told us that currently, no one had any conditions placed on their authorisations.
- The registered manager was aware of forthcoming changes in to how people's deprivation of liberty would be managed. They told us they had attended some training on this.
- If people did not have capacity to make decisions about their own care and support, we saw that a capacity assessment and best interests decision was undertaken. We saw examples of these for example in relation to storage and use of people's personal information.

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 received good quality care. Throughout our inspection, there was a joyful atmosphere in the home with plenty of smiles and laughter. Staff told us they wanted to treat people as they would their own family and this was very evident in our observations. One member of staff commented they had "20 sets of grandparents". Another member of staff told us when referring to people in the home, "We love them, its more than just a job".
- Relatives also told us they were very happy with the care at Heathwood House. Comments included "very happy, very caring, very on the ball" and "very happy she's here, I don't worry about her".
- There was a professional singer who came to entertain people on the morning of our inspection. Staff, including the registered manager all got up to dance with people and encouraged them to take part. It was very evident that people were engaged and enjoying these interactions with staff; the atmosphere was energetic, lively and good humoured.
- We saw how people actively approached staff for comfort and interactions throughout the day. Staff all accepted affectionate gestures from people in a professional way and it was clear that these strong bonds with staff were important to people's wellbeing.
- The provider told us how strong bonds were encouraged as this helped people accept and be comfortable with receiving personal care when it was needed. One person approached the registered manager for conversation and comfort and was clearly very at ease and confident in their surroundings. We later learnt that this person had only been living at the home a very short time. Another person came to the registered manager's office to engage in conversation and there was lots of smiles and laughter whilst they talked. We were told this person enjoyed blowing kisses and staff were very aware of this, pretending to catch the kisses and the person smiling in response.
- People were sensitive to and aware of people's moods. If a person was showing signs of being upset, staff noticed and responded promptly to comfort them.
- If people had a particular religious or spiritual need, this was outlined in their care plan.
- We carried out a SOFI observation during our inspection. This evidenced how people received plenty of interactions from staff. Thought had also been given to how people were seated to reduce the risk of arguments occurring between people. This was clearly a successful approach as people were settled and content whilst they ate their meals.
- Staff wore everyday clothing rather than uniform and at night they wore nightclothes and slippers. This helped people orientate the time of day and promoted better sleep routines for people.

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

- People at the home were all living with dementia but there was no sense of this limiting their ability to be fully involved in their care and how the service developed. Their views and opinions were sought, regardless of whether the person was able to express them verbally.
- The registered manager used a recognised tool to help them understand the experiences of people and develop better ways of caring for them. This had been in place at our last inspection but plans were in place to develop this further through the registered manager undertaking the advanced mapping course. This would allow them to teach their staff about the tool and embed the practice even further into the staff team's approach.
- The tool was used across all of the provider's homes and we heard about examples across these locations, of when the tool had been used with great success to improve people's experiences of care. One example for a person living at Heathwood was that they would become distressed when certain family members visited. Through using the mapping tool, the registered manager was able to understand the reasons why this was happening. The visits could then be managed in a slightly different way that took away the distress for this person. The registered manager told us this approach had been very successful. This person had not been able to verbally communicate their distress but nonetheless the registered manager had 'listened' to them and understood them.
- On another occasion, the registered manager used the mapping tool to help understand the distress a person was showing during personal care. Through using this structured observation, the registered manager was able to understand that the person's distress was related to embarrassment about receiving personal care from a male member of staff. This led to changes being made to the person's care plan and ensured that the person's dignity was maintained during personal care.
- The provider also 'listened' to people about what they needed from their home, through observing and noticing how they preferred to spend their time. It had been observed that in the past, the library had been very well used but the current group of people living in the home did not use it as much. The provider was looking at ways to better use the space to suit the needs of people living there.

Respecting and promoting people's privacy, dignity and independence

- People were treated with great respect. Staff addressed people in the ways they preferred. For some people we heard staff use terms of endearment such as 'darling'. Staff were aware of people who liked these terms but also knew that other people might not want to be addressed in this way.
- People were fully encouraged to be as independent in their lives as they could be. Adjoining the lounge, there was kitchen area for people to make their own drinks as and when they wished. Staff told us they would support people with this in accordance with their particular abilities. Some people for example needed limited support, whilst for other people, staff took over a tray and encouraged the person to pour the milk for themselves.
- In relation to people's personal care, staff told us they encouraged people to do as much for themselves as they were able to.
- The provider was looking at further ways to promote people's independence through the design of the home. They told us for example that not all rooms had an ensuite bathroom and were looking at how this could be changed.

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 Outstanding. At this inspection this key question has been rated Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People were valued and treated as individuals with their own unique needs. We saw how outside each person's room there was a board containing photos and pictures of people and events that were important to them. This was a simple but very effective way of communicating the person's story. For example, from looking at one person's display it was clear they had previously worked as a nurse. With family's permission there were photos of people and their relatives on display throughout the home, adding to the homely atmosphere.
- People's mobility equipment was personalised according to their personalities and wishes, such as with a Tartan or an RAF theme. The registered manager told us how this ensured people could recognise their own equipment which in turn reduced conflict.
- There was also information in people's care plans about their lives prior to coming to the home. For one person we saw their dog had been particularly special and important to them. The registered manager told us how many people thought of the home's pet dog as their own and often called him by the name they called their own dog, although the home's dog didn't seem to mind this! We saw one person during our inspection enjoying spending time stroking and petting the dog.
- The registered manager told us how on one occasion a person had mentioned Burn's night. As a result of the person mentioning it, they had organised a Burn's night celebration in the home. This illustrated how people were treated and valued as individuals.

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.

- Pictures and symbols were used throughout the home to help people understand their environment. For example, in the kitchen used by people living in the home, there were pictures used to label where different items were kept.

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.

- We saw how the home worked hard to ensure people weren't socially isolated. Parties were held on occasions such as Halloween and children from the local community were invited to attend. Staff also

brought their children in on these days. The registered manager reflected on how this helped children and adults alike to understand dementia and also to understand the valuable role that care staff have in supporting people with dementia.

- The registered manager also told us how they ensured everyone in the home received a card on their birthday. On the day of our inspection, one person was celebrating their birthday. We saw banners had been put up in the lounge; the singer who was entertaining people that morning also said happy birthday to them.
- In addition to the links that had already been established, the registered manager was looking to develop this further. They told us they had a high school student attending the home, who was completing work towards their Duke of Edinburgh award; they had also made contact with local high school to look at ways students could be involved in visiting the home.
- People living at the home led active and fulfilling lives. The registered manager told us they were an 'activities based' home and this was clear from our observations throughout the day.
- There was rarely a moment when there wasn't something available for people to be involved in. At our last inspection we reported that people had been involved in raising money for, and purchasing a record player. This was on display in the lounge area and since our last inspection the registered manager had sourced a number of record covers to put on display in the area too. After lunch these were put out on the table for people to look through. This gave opportunity for people to spend time with each other and start conversation. There was also a craft activity and quizzes taking place.
- There was plenty of opportunity for people to go out too if they wished. The provider had a mini bus shared across their homes and this was well used. As reported at our last inspection, there was a pet dog living at the home and people were fully involved in caring for and taking him for walks.
- Staff told us how people had recently had chance to attend a wartime memorial service in a local park. Most people in the home had chosen to go, meaning that extra staff were required that morning to support them to attend safely. It was clear from talking to staff, that despite being of a different generation to those that experienced the war first hand, they understood the importance and relevance of this event for people and how much it meant to them to attend. Staff took on extra shifts to enable residents to be part of this.

Improving care quality in response to complaints or concerns

- There was information throughout the home explaining how people could make complaints. There had been no formal complaints made to the service in the previous 12 months. However we saw how even minor complaints were recorded as a means to support the registered manager in monitoring the service.
- Relatives told us how they would feel confident and able to approach staff with any concerns or complaints.

End of life care and support

- The registered manager told us the home was registering to undertake the Gold Standards Framework. This is a programme that supports homes to provide high quality care at the end of people's lives. The registered manager told us they were aiming to achieve this at 'platinum' level, the highest level of award.
- There was nobody currently at the home receiving end of life care, however the registered manager told us about one person in the past who they had supported in a caring and person centred way at the end of their life. The person was provided with their favourite flowers in their room. The person also liked to have their hand held and took comfort from this, so staff would spend time using rose oil to massage the person's hands. Their choice of music was played quietly in the background.
- People were asked about the music and flowers they liked so they could be incorporated in to their end of life plans. Families were given the option of writing a letter to their loved one, which staff would read on their behalf. This was a particularly important gesture for those relatives who might find it difficult to express themselves at such an emotional time, or who lived far away. The registered manager told us how one relative had expressed how writing such a letter had enabled them to communicate words which they might

have been able to express verbally.

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 Outstanding. At this inspection this key question has been rated Good. 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

- There was a person centred culture running throughout the service. This was evident from the provider through to care staff. The registered manager told us they were very 'hands on'. They rostered themselves to do 12 hours of care each week alongside their managerial responsibilities. It was clear that staff appreciated this approach and followed in the registered manager's example of being highly person centred.
- We noted how the registered manager's office was in the same area as the lounge so that they were at the centre of what was happening and had a direct overview. People regularly approached the office and were welcomed at any time. This added to the homely atmosphere and ensured there were no barriers between staff and people living in the home.
- The registered manager made use of latest research and knowledge in the field of dementia to empower people and ensure their voices were heard. This work was invaluable in shaping care to suit the individual needs of people and achieve better outcomes for them.
- Work from the universities of Bradford and Stirling had been incorporated in to the home. A university of Bradford mapping tool was used to understand the experiences and preferences of people using the service. A tool from the university of Stirling was used in shaping the design of the home.
- Meetings were held for people to discuss developments in the home and provide opportunity for people to give their views. The registered manager told us that staff would advocate for people at these meetings if people were not able to provide verbal feedback.
- The registered manager told us how they had recently switched to using environmentally friendly cleaning products in the home. We were told that these products contained less harsh chemicals and were better for people with health conditions such as asthma.
- The provider was the dementia lead for the organisation. Staff were provided with clear training in relation to the needs of people with dementia. This meant that from the beginning of their employment staff were clear on the ethos and values of the home. This being that people received high quality care and that their diagnosis of dementia is secondary to how they want to live their lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the home. Staff and relatives alike all felt confident and

able to discuss and report concerns.

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

- There was a management structure in place to support the registered manager in her role. There was a deputy manager and team leaders. All were clear on their roles and responsibilities. All staff reported feeling happy and well supported.
- The registered manager understood the responsibilities of their role. Notifications were made to the CQC in line with legal requirements. We also saw that the previous CQC rating was on display in the home.
- There were systems in place to monitor the service. Audits were carried out to identify any actions required.
- Morale was high amongst the staff team, who were enthusiastic and motivated. We saw the impact of this during our inspection, as staff engaged people and supported them to take part in activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Promoting and encouraging strong links with the local community was an important and established part of the service. The registered manager understood the value of different generations meeting each other and forming relationships.
- Since our last inspection, this aspect of the service had been developed further with links being made to local brownie and guide groups. With the guide group that had visited, pen pals had been set up so that people in the home and the guides exchanged letters regularly. There was a post-box in the garden for people to put their letters in.
- Staff told us how much people enjoyed meeting with these groups, telling us their faces 'lit up'. This was evident in the photo display of the groups that came to visit. We also noted in one of the resident meeting minutes that people had commented on how much they loved receiving letters from the guides.
- Close links had been established with the local church. The registered manager ensured that staffing levels were sufficient to ensure that those who wanted to attend were able to. The registered manager told us how church members always made them welcome and made time to chat with them after the service.
- The registered manager and other staff members had become 'dementia friends'. This enabled them to help others understand dementia and how to support people living with the condition. This was put in to practice through links with local schools whose students came to the home for work experience.

Continuous learning and improving care

- There was a strong sense of continual improvement at the service.
- The registered manager attended the annual dementia congress to hear about latest developments and learning in the field.
- Learning and experience was shared across the provider's home. The registered manager told us managers often visited each other's services to 'trouble shoot' and work on particular issues. On one occasion the registered manager had used the mapping tool at another home to help understand a person's distress at using the hoist.