

Care UK Community Partnerships Ltd

Heather View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service.

Heather View is a residential care home that provides personal and nursing care for up to 74 people. At the time of inspection, 62 people were living at the service. People were aged 65 and over and lived with a range of health and physical health needs including degenerative conditions and dementia.

The building is purpose built over four floors. The reception was on the ground floor and there was a floor for each of the three specialist support units. These are older persons, nursing care and people living with dementia.

People's experience of using this service:

- People and their relatives spoke positively about staff and the care they received. People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. One relative said, "Everything is spot on, I couldn't wish for the care to be better, (name) is happy here and we are delighted with the consistent and high quality of care (name) has received over the years".
- The service was homely and welcoming, and people told us that they felt safe. They said that there were enough staff to look after them and they were listened to and treated with kindness. Staff were trained and understood how to report safeguarding or other concern's they may have.
- People were involved in decisions about their care and staff sought appropriate consent and asked people what help they needed. People received care that respected their privacy and dignity as well as promoting their independence whenever possible.
- Training, supervision and observations of staff practice by managers, ensured that staff were competent in their roles.
- People received their medicines safely including; medicines that were prescribed on an 'as and when required' basis.
- The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risk and ensuring that people's care was personalised and met their needs.
- People told us that the meals were very good and there was plenty to eat and drink. The service employed a chef and meals were freshly prepared and cooked. People who had dietary needs such as allergies or required specialist diets were catered for. One relative said, "we bring in a fish and chip supper once a week and eat in the café downstairs which is really nice".
- The service was led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service, and the staff who worked for them. The management team worked professionally with other agencies outside of the service and ensured a transparent, honest and open approach to their work.

● People had access to meaning full occupation and stimulation and there was a varied programme of activities. People told us there was plenty to do, their comments included "sometimes someone comes in with a guitar, the pop violinist gets everybody dancing and I like it when the pets come in", and "On a Wednesday the toddler group runs in the café, I really enjoy joining the mums and children". A relative told us "(Name) joins in all the activities; animals come in including chickens, a Shetland pony, a goat, sheep and dogs. There is a choir, exercise class and a church comes in regularly".

Rating at last inspection:

Good. (Published 21 September 2016)

Why we inspected:

We inspected the service as part of our inspection methodology for 'Good' rated services.

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

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.	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was Well-Led.	Good ●

Heather View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and two experts by experience [ExE] with experience in dementia care and older people who use regulated services. 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:

Heather View is a nursing home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from health professionals who worked with the

service. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before, during and following the inspection we reviewed and spoke with;

- ☐ Notifications we received from the service.
- ☐ Care records and risk assessments of 21 people.
- ☐ Records of accidents, incidents and complaints
 - Sought feedback from visiting professionals.
- ☐ Audits and quality assurance reports
- ☐ Spoke with 19 people using the service; and 11 relatives; and 9 staff.
- ☐ Observed several group activities and meal time experiences.
- ☐ Spoke with the Registered Manager and the Clinical Lead for Heather View
- ☐ Spoke with the Operations support Manager for Care UK.
- ☐ Medicines administrations records [MARs] of six people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes protected people from the risk of avoidable harm. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe. Safeguarding training was completed by new staff during induction and there was a system in place to ensure staff undertook refresher training. The safeguarding policy was up to date and staff had signed to say that they had read and understood the content.
- People and their relatives told us that they felt safe. One person told us that they felt 100% safe as there were always staff around, another told us "I feel safe here. All the staff are very caring. There is nothing to be afraid of". A family member told us that their relative is "Very safe and the staff are amazing", another said "[name] is very safe here, it is very secure and living here immediately took away the worry of their safety". Another person said, "I have been on holiday for three weeks and it was so reassuring to be able to leave [name] knowing they would be totally safe."

Assessing risk, safety monitoring and management.

- Risks to people were assessed and managed safely. Individual risks to people were assessed and details on how to reduce these were included in people's risk assessments. For example, one person's risk assessment detailed that they needed one staff to support them when moving and what equipment should be used to support this. This person told us that "There is always someone around when I am transferring, and they always make sure I have my walker"
- Staff understood how to support people to take positive risks. One person told us that they liked to walk up and down the corridor as it kept them mobile and they could chat to other people. Staff described the measures that were in place to ensure this person could maintain their mobility and independence whilst keeping them safe. The person's risk assessment outlined the need to keep the corridor free from obstructions and hazards and this was observed during inspection. This person told us "I can move around the home freely and sometimes I go up to the top floor for my lunch".
- Environmental and health and safety risk assessments were completed including; water temperatures, fire safety and equipment. These assessments were comprehensive and up to date and reviewed regularly to ensure people were safe

Staffing and recruitment.

- There were safe systems and processes in place for recruitment of staff. The service followed safe

recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. There were systems and processes in place to check that nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.

- People had mixed feelings about the numbers of staff. Most of the people we spoke to told us that there were enough staff. One person said "There are always staff around and I get the help when I need it", another said "I think there are enough staff, I always see the girls passing by and they stop and chat" One person told us that there were enough staff but they were always rushing around, "It's a large place and I feel it would benefit from more staff", another said "there are not enough staff when someone calls in sick, but other than that its ok"
- Our observations were that there were enough staff on duty. People received care and support in a timely way and we saw staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed that this was usual. The rota reflected the staff that were on duty.
- The service is almost fully recruited, with agency staff being kept to a minimum and mainly used to cover annual leave and sickness. For example, the rota for week commencing 18 March 2019 showed that 12 of the 129 shifts for that week were covered by agency.

Using medicines safely.

- People received their medicines safely. Medicines were administered by nurses who received refresher training in administration of medicines. Competency assessments were completed, and senior staff observed practice to ensure staff were safe to give medicines to people. People's medicine records (MAR) were audited regularly and any omissions or errors identified, and appropriate action taken.
- People told us that their medicine needs were managed well. "Medication is always on time", "The staff are very good with my medication, they know when I need it" and "The staff give me my tablets and stay with me until I swallow them as sometimes I find this a bit tricky. They always give me a glass of water just in case and never rush me".
- We observed the administration of medicines at lunch time. People were asked if they needed 'as and when required'(PRN) medicines such as pain relief before it was dispensed. People received their medicines on time and in line with their prescribed requirements, this included medicines for people who are living with dementia and time specific medicines for Parkinson's.
- Medicines were kept in a locked cupboard room and temperatures were recorded daily to ensure the correct temperature for storage of medicines was maintained.

Preventing and controlling infection.

- Staff understood how to prevent and control the risk of infection. They had received training in infection control. They used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection. One relative told us "I was with (name) when they vomited. Staff came straight away, put on gloves and aprons and cleaned up very quickly and efficiently." A health professional told us how impressed they were when they watched staff clean a person's eye who had just been diagnosed with conjunctivitis. "There was no chance of cross infection with the procedure they used"

Learning lessons when things go wrong.

- Accidents and incidents are reviewed daily at the "heads of service" meeting. This ensures management oversight and trends can be quickly identify and action taken. For example, a relative told us that "(name) has two alarms, the standard one that everybody else has and one on their wrist which was set up very

quickly after they had a fall and were not close to a call bell."

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

Good: 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 started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. For example, two people have cultural dietary needs which are catered for. This ensured people's diversity was considered and promoted within their care.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences.
- People had access to technology and equipment that met their assessed needs. People had access to call bells and sensor mats to alert staff and we saw equipment such as stand aids and hoists being used. People told us that they liked being able to move around the building independently by using lifts and hand rails and there was plenty of available seating to rest.

Staff support: induction, training, skills and experience.

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well.
- Staff had opportunities to learn skills to enable them to support people's assessed needs. Whilst we were inspecting staff were undertaking dementia training. The provider had developed this bespoke training with the aid of a university with a known specialism in dementia. Staff told us that the training was very good and had given them a good insight on what it is like to live with dementia. They were very positive about putting what they had learnt into practice.
- Staff received supervision with their line manager and their practice was observed by senior staff. Records showed that staff were competent to provide care safely and effectively to people.
- People felt staff were competent to give them the care they needed. One person said, "They are always on training day's" another said, "Oh yes, the staff know what they are doing". A relative told us "Staff receive training which is regularly updated"

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

- Nutrition and hydration needs were met, and people had enough to eat and drink and. People had access to drinks, fruit and snacks throughout the day.

- Specialist diets were catered for. A relative told us "The food is brilliant (name) is allergic to dairy and the chef has developed a diet especially for them" Staff had received training to increase people's calorific intake by making milkshakes and smoothies. This had a positive impact on people who required support to maintain their weight
- People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what support they might need to eat and drink. We observed people receiving food consistent with their support needs, this included a person with a pureed diet and another person who required their drinks to be thickened. Staff were knowledgeable about the support people required.
- People had a positive meal time experience and were given a choice of food. People told us that the dining rooms were "lovely, we have tablecloths and the table decorations on the top floor are like a five-star restaurant". People were complimentary about the food and we received comments such as, "The roasts are good, and the meat is carved thinly", "I like the roast potatoes and I help myself to pastries and fruit during the day". "We have had a few more salads in recent months which is good, the dining room is lovely". "The mince cobbler is fantastic".

Staff working with other agencies to provide consistent, effective, timely care.

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health care professionals, GP and chiropractors.
- We observed the daily clinical lead meeting and saw that people's health needs and appointments were discussed. For example, one person had an optician coming to see them later in the day and a urine sample was being sent to the GP surgery for a person who had been feeling unwell.

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

- People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout, and other parts of the building were assessable by lifts. People in wheel chairs were able to move around the building freely and corridors were free from obstruction. Bathrooms were adapted to meet people's mobility needs.
- The building was light and modern, and people told us that it suited their needs well. One person said, "the tables in Doyle's café are great for wheel chairs, they are very well designed."

Supporting people to live healthier lives, access healthcare services and support.

- Care records showed that people had access to routine and specialist health care appointments and a GP visited the service weekly. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.
- People told us that they had good access to health services." If I need to see a GP they are called very quickly", a relative told us that "Health concerns are dealt with quickly and staff are very prompt with calling a doctor". We were told by a person who had required a cataract operation that this had been arranged by the local surgery and it was a "Very quick service".

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 with appropriate legal authority. 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 they were.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests.
- People told us that staff checked with them before providing care. One person told us "Staff ask me if it's okay before doing anything." Another person said " They always ask if I want a shower or if I need my tablets

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

Good: 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 said staff treated them with kindness and were caring. One person told us "Staff will do anything for you, they are all very good and helpful and have taken the time to get to know me". A relative said "The staff made an effort to get to know (name), they are good at spending time with them."
- People were treated regardless of age gender or disability. For example, staff had arranged for a person who is registered as blind to meet with the Registered National Institute for the Blind (RNIB). They also sourced some audio books for the person as they had previously enjoyed reading.
- Staff demonstrated a compassionate approach towards people and worked well together as a team. Staff responded appropriately and sensitively when people needed support. We observed staff knocking on a person's door "I am sorry to interrupt you, but I have (name) medicine, are you happy to take it now."

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

- People told us that they had been involved in developing their support plans. People told us that they felt listened to and were given choice and control in the way that their care was delivered. One person said, "I shave myself, but I need help in the shower, they asked if I preferred a man or a woman, but I don't mind, staff are very discreet."
- People were encouraged to make decisions and people told us that they were free to do what they wanted throughout the day. One person told us that they liked to visit people on different floors and could do this. Others told us that they were able to choose when they wanted to get up or go to bed. One person told us, "I have total freedom to do what I like." Another person said, "I like to choose my own clothes and staff know that it is important to me to do that."

Respecting and promoting people's privacy, dignity and independence.

- People privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively.
- People told us that staff respect their privacy and were polite. We were told that staff knock on their doors before entering and we observed this practice. One person said that staff knock on their door but do not always wait for a response. Other people told us "Staff knock on the door before they come in, they encourage me to be independent", another said "They knock the door before they come in, if I want anything staff will get it for me".
- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible and wherever possible. For example, one person helps in the kitchen. Staff told us that

this has had a positive impact for this person, it has enabled them to maintain their independence and they feel valued and part of the team.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. People told us that they had access to telephones to keep in touch with friends and relatives. The manager can request information in different formats from head office, this includes audio books, and information produced in braille. Shortened versions of policies are available and these can also be produced in easy read format.
- People received personalised care that was responsive to their needs and preferences. They were involved in the planning of their care. People told us that staff knew them well and this meant that they received the care they needed in line with their preferences. One person told us, " Staff could see that I was having trouble finding the food on my plate, they got me help from Sussex Association for the Blind (SAB) who taught me how to find the food as I tend to miss things on one side." This supported the person to maintain their independence at meal times.
- Care plans were detailed, and person centred enabling staff to support people in a personalised way. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- Staff told us that they knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to engage effectively and provide meaningful personalised care and activities. For example, staff had arranged for one person who had limited mobility and communication skills to spend a day at a local stable. This is something the person had enjoyed in the past. The person was able to touch the horses and spending time in that environment had a positive impact on the person's emotional and sensory wellbeing.
- People told us that their religious beliefs were met. Volunteers were used to support people to local church services and in-house services were also held. People told us they enjoyed having the opportunity to sing in the songs of praise activity.
- People had access to meaningful occupation and activities. People told us that they had a good and varied choice of activities daily. Staff recognised that it was important for people living with dementia to keep busy and active. They had created an art room and the shelves were full of activities and crafts that people could help themselves to. There was also a music room with instruments and an exercise area where people were encouraged to keep physically active.

- People told us that there was plenty for them to do. "I like to do poetry and flower arranging, we have been to the garden centre", another said "I like it when the little children come here, we all love seeing the toddlers in the play group". Some people told us that they preferred to spend time on their own and they had plenty of access to puzzles and jigsaw, another said, "I like to join in the quizzes and arm chair yoga" The Heather View Choir has 12 members and people told us that they enjoy this, "We are currently singing the Battle Hymn of the republic, it is great fun"
- People had access to therapeutic activities. Therapy pets visited regularly, and people told us that they had also had sheep visit and they were currently hatching ducklings from eggs in special machines. The service had budgerigars that had a cage on wheels. People who were cared for in bed said that they really enjoyed it when staff brought the birds into their room. Another person had been given a volunteer badge as they really enjoyed helping in activities and spending time talking to people who are cared for in bed. Staff said that they really valued the support this person was giving to others and could see the positive impact their actions were having.

Improving care quality in response to complaints or concerns.

- People felt able to raise concerns if they wished to and none of the people we spoke to said that they had felt the need to raise a formal complaint. The service had a complaints procedure, and this was accessible to people in different formats. People said that they knew how to complain and who to complain to.
- Records showed that complaints were responded to appropriately and in a timely way. The manager told us that complaints were shared during head of service meetings and outcomes used to make improvements to the service.
- A relative told us that they were impressed by the response to a concern that was raised in a residents meeting about staff not being available in the lounge to sit and chat to people. They said, "The carers work station was immediately moved into the lounge so that staff could be on hand to chat and this has worked well."

End of life care and support.

- Staff had received training in providing care for people at the end of life. The service had positive connections with the local hospice.
- People and their families were supported to make decisions about their end of life arrangements. Staff said that they undertook this with compassion, sensitivity and dignity and recognised that this was an important and difficult subject for people to talk about.
- The service held medicines for people reaching end of life. These were reviewed by a GP on a regular basis. People had clear plans in place to support their end of life in a comfortable and dignified way which was in line with their personal preferences.
- Systems ensured that people who did not wish to be resuscitated had this decision formally agreed with them, or made in their best interests by a medical professional and appropriate others. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.
- Care staff knew which people had DNACPR's so that people's wishes were known and respected.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service was led by an open and transparent management team who actively supported the care staff in their roles. Staff felt that the management team listened to them and said that they felt well supported. "The manager is very approachable; all of the senior team are good". Another said, "We have regular team meetings, that helps us keep up to date with things in the service and from head office."
- People, their relatives and staff spoke highly of the service and felt it was well-led. One relative said, "I find the manager really approachable, we get feedback from meetings telling us what is going on and any changes implemented from other people's suggestions." another person told us how supportive the manager had been with a personal issue relating to their relative. "The manager phoned me last night to tell me that it had been sorted and that I didn't need to worry any more. It meant a lot to me that they had taken the time to phone."
- Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. People spoke highly of the service they received, their comments included, "The thing I like is that it doesn't feel like a care home, I wouldn't change a thing." Another person said, "I have nominated (name of two staff) for a 'Gem' award for going the extra mile. Their care is fantastic."

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

- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in their manager.
- The registered manager understood their responsibility to notify CQC of significant events that they are required to by law. Notifications had been sent to CQC in a timely manner and were completed in line with requirements. The manager understood their responsibility to notify local authority safeguarding of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance.
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate the risk. There were systems and processes for quality monitoring and auditing, ensuring good governance of the service and to drive improvement.
- There were weekly clinical team meetings and daily head of service meetings. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People's views were sought of the service they received. Feedback was sought from people's relatives, friends, professionals and staff. The management team analysed the feedback and incorporated this into the daily running of the service.
- There was a positive workplace culture at the service. Staff told us that their views were listened to and they were encouraged to share ideas. They told us that they valued the 'Gem' awards and told us about the positive personal impact of receiving received one.
- People told us that they were involved in the running of the service. One person said "We have meetings with the chef, I suggested a help-yourself style meal at lunch times. It was my idea, it went down well with everyone and I think the chef will do it again."

Working in partnership with others.

- The registered manager worked professionally with external agencies such as the local authority and GP practice.
- Records showed evidence of partnership working. For example, one person who used to be a Brown Owl had asked if the service could do some fundraising for the local brownies. The staff, residents and visitors of the service undertook funding raising and the person was able to present a cheque to the local brownie group.
- The service has developed very good links with a local playgroup. The registered manager told us that this has been hugely popular and beneficial for the children and people who live at Heather View.