Halden Heights Limited

Halden Heights Care Community

Inspection report

Ashford Road
High Halden
Ashford
Kent
TN26 3BP

Tel: 01233851136

Date of inspection visit:
27 August 2019

Date of publication:
11 October 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
Halden Heights Care Community is registered to provide accommodation, personal and nursing care for up to 101 older people, including those living with dementia. Accommodation is located in five units over three floors with a lift available to access each floor. One floor provided rehabilitation care (where people required assessment and support to return to their own home following hospital admission). The rehabilitation treatment is provided by NHS employees whilst personal and nursing care is provided by Halden Heights Care Community staff. There were 75 people living in the service at this inspection.

People's experience of using this service and what we found
People and their relatives gave positive feedback about the service. Comments from people included, "It feels quite good living here, the atmosphere is calm and peaceful" and "The staff are excellent." Comments from relatives included, "It's absolutely lovely. I am very pleased and I can't recommend it highly enough" and "The service is excellent it is not like home but I accept that, I find everyone caring."

People told us they felt safe with the staff. People were comfortable with each other and the staff.. People approached staff when they wanted support and were given the emotional reassurance when this was required. Staff knew what their responsibilities were in relation to keeping people safe from harm and potential abuse.

Medicines were stored and administered safely by registered nurses. Staff were trained to meet people's needs and registered nurses were supported to keep their registration up to date with the Nursing and Midwifery Council (NMC). Nurses and care staff received continuous support and supervision from the management team.

Staffing levels were based on people's needs. There were enough care staff and nurses to meet people's needs. Staff were recruited safely.

People received support to keep healthy and had access health care professionals as required. Daily handovers discussed any changes in people's needs and referrals to relevant health care professionals were promptly made. Potential risks to people's health and welfare had been assessed and action taken to reduce the risks. There were close links with the local pharmacy and GP who visited the service weekly. People's health was closely monitored with the support of health care professionals. Some people were supported to regain and maintain their independent living skills.

People's needs were assessed before coming to the service to make sure they could meet their needs. People's care plans were person-centred and informed staff how the person wanted to be supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain their nutrition and hydration with a healthy balanced diet and access to fluids. People's weight was monitored and support was sourced from the relevant health care professionals when required.

The staff were caring, and knew people, their preferences, likes and dislikes well. Staff understood the importance of protecting people privacy whilst promoting their dignity. Staff sought people's consent prior to any care or support tasks.

People's, relatives and staff's feedback was sought and acted on. People's views were listened to and investment was made to improve people's comfort and well-being. People were supported to access a range of activities within the service.

People's wishes for care at the end of their life were recorded and respected. Nurses and care staff worked in partnership with the local hospice team and GP to support people to have a dignified death.

The management team were committed to improving the quality of the service people received. The registered manager had developed links with external companies to promote best practice and improve outcomes for people. Audits highlighted any areas for development or improvement, which were acted on quickly.

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 Good (published 19 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Halden Heights Care Community

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, an assistant inspector, a Registered Nurse Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Halden Heights Care Community 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

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

During the inspection
We spoke with the 15 people who used the service and five relatives about their experience of the care provided. We spoke with the visiting GP during our inspection. We spoke with 10 members of staff including the registered manager, the clinical lead, two nurses, a team leader, two senior care staff, two care staff and the activities co-ordinator.

We reviewed a range of records. This included eight people's care plans, risk assessments, daily care records and medicines records on each floor. We looked at four staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff whilst living at Halden Heights Care Community. Comments included, "The staff look after me well I have no concerns about my safety" and "It feels quite good living here, the atmosphere is calm and peaceful. The staff are always looking out for you, making sure you don't have a fall."
- People appeared relaxed in each other's company and with the staff. People approached staff and there were good humoured exchanges between people and staff.
- Staff understood what action they had to take if they suspected or witnessed any form of abuse. the action to take if they had any suspicions. They felt confident that any concerns they raised would be taken seriously by the management team. Staff continued to receive regular training in safeguarding adults and followed the company's policy and procedure.
- The registered manager had raised concerns with the local authority safeguarding team and had taken an active role in the investigations. The registered manager kept a log of any safeguarding incidents that had been raised; these included the date they were closed and any actions that needed to be completed.

Assessing risk, safety monitoring and management

- Potential risks to people continued to be assessed and action implemented to reduce the risk. Nurses and care staff followed comprehensive guidance to keep people safe and reduce the potential risks. For example, risks relating to people's nutrition and hydration, skin integrity and medical conditions.
- Records showed, and staff confirmed risk assessments were followed and risks had been reduced. For example, people that were cared for in bed were regularly repositioned to promote healthy skin and reduce the risk of developing a pressure sore.
- People continued to be protected from risks within the environment. A maintenance person completed regular checks of the environment and equipment to ensure they were safe and in good working order. Equipment such as, the hoist, fire alarm and lift were regularly checked and serviced.

Staffing and recruitment

- People told us there were enough staff available throughout the day and night. Staff were available when people required assistance. Staff had time to sit down and speak with people individually.
- People's needs were assessed on an individual basis and the registered manager used an assessment tool to determine the level of nursing and care staff that were required on the five units to meet people's needs. Ancillary staff were employed in addition to the nurses and care staff.
- Staff continued to be recruited safely, completing checks to minimise the risk of unsuitable staff working with people. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered

with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date.

Using medicines safely

● People's medicines continued to be managed consistently and safely in line with national guidance. People's medicines were administered by registered nurses at the time prescribed by their GP. Nurses had been trained and completed annual assessments of their competency, in the administration of medicines.

● The service had recently introduced an electronic medication management system for the administration of all medicines. This system linked to the visiting GP and the local pharmacy. The system was used to scan medicines being used and dispensed. It then provided an automatic calculation to the pharmacy which updated stock levels.

● The visiting GP said they were "delighted" with the new system and said that it would mean that "medication errors or oversights in ordering would be negated, making the whole system safer." There were checks of medicines and audits to identify any concerns and address any shortfalls. However, since the implementation of the new system no issues had been identified.

● There were instructions for nurses about giving medicines people could take as and when they needed; which ensured people had prescribed access to pain relief. Appropriate authorisation had been sought for people that required 'covert' medicines; this is prescribed medicine that is disguised within another product such as a yogurt. These were regularly reviewed with the person's GP or relevant health care professional.

Preventing and controlling infection

● Housekeeping staff based on each unit followed a schedule of cleaning to provide people with a clean and fresh environment. People told us, and observation confirmed the entire service and people's bedrooms were clean and smelt fresh.

● Nurses and care staff used personal protective equipment such as gloves and aprons to reduce the risk of cross contamination. Laundry bags were appropriately labelled to distinguish soiled laundry. Hand sanitisers were available within the clinic rooms, bathrooms and in the corridors for people, staff and visitors to use.

● Systems were in place for the appropriate disposal of any sharps and clinical waste.

Learning lessons when things go wrong

● Incidents and accidents were recorded and monitored by the registered manager to identify any patterns or trends; the analysis was used to reduce or prevent the risk of a reoccurrence. For example, it was identified that some people were having a high number of falls from their beds. The registered manager purchased some additional profiling beds and sensor mats which reduced the number of accidents and injuries from people falling out of bed.

Good

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 continued to be assessed before they moved into the service, to ensure their needs could be met.
- Staff used nationally recognised assessment tools to monitor people's skin integrity and risks related to malnutrition; these were reviewed by the clinical lead and the nursing team.
- People's documentation was stored electronically; this enabled any changes in people's needs to be made quickly and ensured all staff followed the most up to date information.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious needs or expressing sexuality. Care plans were then developed to ensure people's individual needs were met.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to fulfil their role and meet people's needs. Registered nurses renewed their registration with the Nursing and Midwifery Council (NMC) every three years and were supported in their reflective practice.
- Staff told us they felt supported in their role by the management team. One member of staff said, "Supervision is always ongoing so they always see what is happening on the floors, if there are any issues they are dealt with quickly and efficiently." Staff received guidance and supervision from their line manager; staff undertook an annual appraisal of their performance which included setting goals for the year ahead.
- New staff completed an induction which included completing the provider's mandatory training, time to get to know people and working alongside experienced members of the team. Staff completed 'The Care Certificate' this is a nationally recognised qualification within the care sector.

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

- People's nutrition and hydration needs had been assessed. The kitchen team ensured that any special health or dietary requirements were catered for, such as the need for soft foods or a fortified diet as recommended by health care professionals.
- Staff monitored people's food and fluid intake if they had been assessed as at risk of not eating or drinking enough. A nutritionally balanced menu was available to people which included a variety of choices. Referrals were made quickly to the relevant health care professionals when concerns were identified such as, a person losing weight.
- People told us they enjoyed the food and they were able to choose an alternative if they didn't like what was on the menu. People could choose if they wanted to eat in the dining room or in their bedroom. People were supported to eat their meal in a patient relaxed way.

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

● People told us they were able to see health care professionals if they needed to. Nurses and care staff had a close working relationship with the GP, dieticians, mental health team and district nursing team.

● People living on the third floor had been discharged from hospital as medically fit however, additional care and support was required before they returned to their homes. People living on this floor stayed for a time limited period to regain and develop the skills required to move back to their homes. An occupational therapist and physiotherapist from the hospital supported people on this floor during the day.

● People continued to be supported to maintain good health. Care plans contained clear direction and guidance for staff to ensure people's specific health needs were met. For example, the support people required to maintain their oral health or specific health condition.

● The GP visited the service weekly to review people when concerns had been identified. Records were kept of all health care appointments. The outcomes of the appointments were recorded and any actions needed to promote people's health were implemented by the staff.

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

● People were able to move around the service freely, including the garden which was accessible. People could access their bedrooms, the bathrooms and the garden independently. People were supported by staff when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us, and observation confirmed staff sought people's consent prior to any tasks. One member if staff said, "Some residents may not have capacity to make complex medical decisions but can make daily decisions like food choice and personal care."

● Mental capacity assessments and best interest decision forms had been completed for specific decisions. The registered manager kept a log of all DoLS applications that had been sent in, whether they had been authorised and whether there were any conditions to the authorisations.

● Some people had given others the authorisation to make decisions on their behalf; these were called 'Lasting Power of Attorney', when these were in place checks had been made it ensure they were lawful.

Good

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

- Staff communication with people in a warm and friendly way. People told us the staff were kind and caring. Comments from people included, "I like it here, the staff are very nice, they take good care of me" and "The staff are lovely."
- Relatives spoke highly of the staff and the service their loved one received. Comments included, "Mum is really happy, there are things to do. I am very pleased and I can't recommend it highly enough" and "The service is excellent, it's not like home but I accept that. I find everyone caring, I don't know of anyone who is unhappy here."
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. A nurse said, "This is a very good home, with good ethics of care and very high standards."

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

- People and their relatives continued to be supported to express their views and play an active role in their care and support.
- Staff understood the variety of people's needs and adapted their support based on people's needs. Care plans demonstrated how people had been engaged and involved in their care, such as using information from people that knew them well or using clear shortened questions.
- People and their relatives were invited to 'resident's meetings' held within the service. These meetings provided an opportunity to make suggestions for improvements or raise any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected the privacy and dignity. Comments included, "Dignity and privacy are one of their priorities, they cover you up and close the door and you are neatly dressed" and "The staff make sure you are covered, the curtain are drawn and the toilet doors are shut when assisting with any personal care."
- Staff knocked on bedroom doors and waited for a reply before entering. Staff received training as part of The Care Certificate in protecting people's privacy and dignity whilst encouraging their independence.
- People were encouraged to stay in contact with their relatives and friends. Visitors were made to feel welcome and there were no restrictions on the times they could visit. Comments from people included, "My family come to visit but if I need to contact them, I will tell the staff and they will help me to do that" and "When my family comes to visit they make them feel comfortable, and provide tea, coffee and cakes."
- Staff were aware of the need for confidentiality. Information about people was always stored and kept confidential. Electronic records were password protected which meant only people that were authorised

could access them.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive a personalised service that was responsive to their needs. Care plans were detailed and gave staff guidance informing them how the person wanted their needs met. Care records were regularly reviewed with people and their relatives to ensure they were up to date and continued to meet their needs.
- People's spiritual needs and religious beliefs were recorded and met. People were offered the opportunity to participate in a range of religious services from different denominations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to be provided with the opportunity to participate in a range of activities to meet their needs and preferences. Two activity coordinators worked daily. They organised activities such as, exercises, arts and crafts and quizzes.
- Some people read daily newspapers they had delivered, whilst others completed crosswords. External entertainers visited the service such as singers and musicians; people told us they enjoyed the entertainment. One person said, "I enjoy the song and music activities, never miss it."
- Staff encouraged people to join in and involved people as much as possible. However, people's choices were respected if they had chosen to spend time alone in their bedroom watching TV or reading.

Improving care quality in response to complaints or concerns

- People told us they would speak to a member of staff or inform their relative if they were unhappy. Relatives told us they felt confident to raise any concerns with the registered manger; whom they could speak with at any time.
- There was a complaints police and procedure in place which was accessible and given to people and their relatives. Records showed the procedure had been followed when complaints had been raised. For example, an acknowledgment, investigation, outcome and any actions were recorded.

End of life care and support

- People choices and preferences for care at the end of their lives had been documented and implemented by nurses and care staff. Advanced decision care plans detailed choices that were to be respected by all such as, not going into hospital and specific funeral arrangements.
- End of life care plans recorded where anticipatory medicines had been prescribed and were ready for use when people needed them. People received additional support from the local hospice services and the visiting GP reviewed medicines and treatment on a weekly basis.

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.

● People's specific communication needs were recorded at their initial assessment and catered for. Documents were available to people in formats they were able to understand such as, easy read pictorial formats or larger texts.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was supported by a deputy manager who was also the clinical lead, providing support and professional guidance to the nurses and care staff. Staff spoke positively about the management team and overall organisation, saying they were caring, compassionate and very supportive.
- Staff told us they felt there was a positive open culture where people were at the centre of all decisions. One member of staff said, "[Name] is the best boss I have ever had and I have been nursing for thirty years."
- People and relatives spoke highly of the management team who they knew well and were available when people needed to talk. One person said, "I know the managers, they are easy to talk to and ready to help in any way." A relative said, "They act straight away if there is any concerns. [Registered manager] always has time to speak with me."

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

- The registered manager understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

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

- Staff were clear about their role and who they were accountable to; staff were given job descriptions which outlined their role and responsibilities. Staff told us they attended handover between each shift where the senior member of staff would allocate them tasks to complete throughout their shift.
- Quality assurance systems, such as audits, checks and observations were used effectively to monitor all aspects of the service. For example, medicines management, care documentation and health and safety. These audits generated action plans which were completed and monitored by the management team. Any actions were acted on quickly such as, a discussion with the GP regarding a pressure sore one person acquired whilst in hospital.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or death of a person.

● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

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

● People, relatives and staff continued to be involved in the development of the service. Regular surveys were sent out to people, relatives and staff; these enabled people to give their feedback about the service. The results were collated, and action was taken if any concerns were raised. For example, one person commented that their meal was not consistently hot; kitchen staff were made aware and changes were made to ensure this did not happen again.

● People were offered the opportunity to attend 'resident's meetings', these meetings provided people with an opportunity to raise any concerns or provide feedback about the service they received. The management team used these meeting to provide feedback to people on any changes being made to the service such as, changes in staff or activities.

● Staff told us their opinion was sought and acted on through team meetings and handovers. The registered manager told us that a member of the management team would attend handover meetings to listen and observe.

Continuous learning and improving care; Working in partnership with others

● The registered manager was committed to improving the quality of care people received. Following feedback from some people who said that being hoisted from their wheelchair to another chair, caused them pain; a decision was made to purchase pressure relieving chairs. These chairs were on wheels which reduced the number of times people required being hoisted and they were easily movable.

● The registered manager had started working with an external organisation to further develop the use of electronic care plan records and record keeping. Halden Heights Care Community had used the new system to test its function and use. It had been used to identify any medicine errors and link directly with the local pharmacy and GP surgery.