

Care UK Community Partnerships Ltd

Heathlands House

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

Heathlands House is a residential care home providing personal and nursing care to up to 64 people. The service provides support to older people and some who may be living with dementia. At the time of our inspection there were 43 people using the service.

The service is built over three floors. Each floor has a lounge/diner, assisted bathrooms and toilets. On the ground floor there is access to a large garden, café, cinema and a hair and beauty salon.

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

There were good monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development and any remedial actions were implemented. Any themes and trends were identified, and actions taken if needed.

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were undertaken.

Medicines were managed well, and staff knew how to report any concerns about people's safety or welfare. Staff communicated well to help ensure needs were met in a timely way. Infection control was managed well.

People told us there was usually enough staff to meet their needs. Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team.

People and relatives told us staff were kind and caring, and they were happy living at Heathlands House. Interactions observed were very positive, staff responded to people in a way that anticipated their needs and demonstrated they knew people well. Staff were attentive and caring about the people they supported.

People told us they enjoyed the activities available. Observations found people having plenty to do and a positive atmosphere in the home. The building set up enabled people to move around and gave opportunities for socialising. The building was well maintained and felt homely.

Staff enjoyed working at Heathlands House and wanted to ensure people were happy and well cared for. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff felt their views about the service could be sought more often. People and staff told us that the registered manager was often around the home and attended meetings for sharing views.

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 and update

This service was registered with us on 29 July 2021 and this is the first inspection.

Why we inspected

This inspection was undertaken as it is the first inspection since registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heathlands House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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

Heathlands House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We did not ask the provider to complete the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 5 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager, wellbeing staff, and care staff.

We reviewed a range of records. This included 4 people's care records. We observed medicine administration and reviewed a sample of associated records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including audits, staff training, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were observed to be relaxed and comfortable in the presence of staff.
- People told us they felt safe and had no concerns. One person said, "I am totally safe, I have never felt unhappy." One relative told us, "My brother and I feel that [family member] is absolutely safe here."
- The provider had systems and processes in place to help protect people from the risk of harm and abuse.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were identified and assessed.
- When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. These included risks to people's skin integrity, mobility and diet. Regular reviews took place and assessments had been updated when people's needs changed. Staff knew people well and were aware of the risks and were able to say how they were reduced.
- All significant events such as accidents, incidents and safeguarding referrals, were monitored by the registered manager. They completed a monthly analysis of all adverse events to identify any patterns or trends. Records showed action had been taken in response to improve people's safety.
- Lessons learned were shared with staff via team meetings, supervisions and handovers

Staffing and recruitment

- There were enough staff to meet people's care and support needs. People and their relatives confirmed that there were enough suitably trained staff to respond quickly and meet their, or their family member's, needs. One person said, "There are always enough staff including nights and weekends." Another person told us, "When I use the call bell they come quickly."
- Staff told us they felt there were usually enough staff on duty to meet people's needs. One member of staff told, "There is enough staff, but we could always have more to do more with the residents."
- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. We found people's medicines were received, stored, administered and disposed of safely and their medicine administration records (MAR) were completed. One person said, "They

bring the medication to me and pain relief if I need it." One relative told us. "[Family member] becomes distressed sometimes and has sedative medication if required but they rarely have to give her it."

- Staff were trained to administer medicines and checks on their practice had been carried out.
- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the home.

Learning lessons when things go wrong

- The management team shared findings from audits, complaints and events with staff to help ensure there was learning from them. For example, staff told us there had been an incident involving a hot liquid, they were reminded to ensure they test the temperature and ensure they have risk assessed the giving of hot drinks.

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.

This is the first inspection of this newly registered service. We have rated this key question good. 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, Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were supported by the service. Assessments included the support that people required including their individual needs, any identified risks and preferences.
- People's relatives told us the service was well prepared to meet people's needs.
- Staff supported people to access health or social care professionals as needed. One person said, "You can see the doctor if you need to."
- Staff knew what to do if a person became unwell or needed additional support.
- Other medical professionals including optician and chiropodist also visited the service, and one person proudly showed us their new glasses.

Staff support, training, skills and experience

- People and their relatives told us they felt staff were suitably trained for their role. A relative said, "All the carers are very good they are always on the ball, this is very reassuring when I leave here."
- Staff told us they felt training was sufficient and they were given opportunities to further their knowledge. One member of staff said, "We are able to ask for additional training to help our development and support the residents."
- We observed staff working in accordance with their training which included moving and handling. We reviewed the training records and saw most training was up to date, and those that were due, were flagged and booked in. In addition, further courses were planned for specific areas such as Autism, diabetes and end of life care.

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

- People told us they enjoyed the food. One person said, "Staff are very kind, if you ask for anything, they get it very quickly. The food is good, I can have an omelette for supper, and I have a banana in the evening with a cup of tea."
- Where people were living with dementia, we saw that show plates were used. This allowed people to see what the choices were. Most people chose to eat in the lounge area, with only a few meals being taken to people in their rooms.
- People were offered drinks throughout the day. A 'round' of drinks and snacks were prepared mid-morning. This included tea, coffee, milkshakes, juices and squash. There were cakes on offer plus fruit and crisps.

- All mealtimes observations were positive; they were very relaxed giving people the time to enjoy their meal. Staff supported people when necessary and encouraged others to ensure they ate their meal. One member of staff was observed explaining to a person about their meal. They checked they were happy with it. The person ate well and appeared to enjoy the company of staff and the conversation they were having.
- Where people were losing weight, the appropriate advice was sought, and fortified foods were provided. People received foods of the appropriate consistency. One member of staff told us, "All creamy desserts are fortified, and the kitchen makes milk shakes with double cream."

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

- The building, equipment and outdoor space met people's needs and was appropriate for the care and support provided. Bedrooms were personalised to people's individual taste. There was clear signage to help people find their way around the service.
- Communal areas were well maintained, and people were enjoying using them. Different seating areas were available to enable people to sit in groups with their friends. One relative told us, "The coffee shop is excellent, it is a place for my [family member] to meet with their friends who come to visit, there are always biscuits and cakes or fresh fruit."

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 MCA 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.

- Staff had received training in the MCA and had a basic understanding of how to apply this in their role. Staff supported people in their best interests. We saw staff seeking consent from people when providing care and support to them.
- People had their capacity assessed and best interest decisions noted. People, family members or professionals had been involved in the process and this was documented. This helped ensure that the best outcome had been reached.
- Staff gave people choices, and listened to their decisions, even when they were assessed as not having capacity. Staff knew about people's decision-making abilities and encouraged these.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the staff. One person said, "There is lots of happiness and smiles here." Another person said, "I'm very happy, staff are wonderful, I get on with them all, we have lots of chats and laughter." Relatives were also positive about staff. A relative said, "Staff are caring, when I leave, I know my [family member] is in the best hands."
- We saw lots of positive interactions. Staff were heard telling people how lovely they looked. When one person became a little upset, staff stopped what they were doing to give them a hug and gently spoke with them. We also heard staff asking people before making changes. For example, "Is it OK if I turn the TV off and put music on for lunch?" This demonstrated that the staff respected people and it was their home.
- Staff supported people in a way that showed care and attention. Staff were gentle when supporting people, taking their time. A staff member said, "I enjoy working with here and the residents are the best. They are why I'm here; every day is different."

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

- People and relatives told us they were given the opportunity to share their views about the care they received. One person said, "I can get up and go to bed when I want to." Another person told us, "We can do what we want here. We are asked what we would like to do during the day. They always ask my opinion. The carers are respectful."
- Regular review meetings were held with people and their relatives to discuss care and obtain people's views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- People told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. People told us they felt staff were patient and listened to them at all times.
- Staff understood the importance of maintaining people's confidentiality. Staff knocked on bedroom doors before entering and used the person's preferred name.
- Staff encouraged people to be as independent as possible when supporting them with personal care Care plans reflected people's individual needs and what support they required from staff.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.
- People's care records were stored and maintained confidentially within the service.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff provided care and support that met people's individual needs.
- Each person had a person-centred care plan which contained specific information on how they wished their needs were to be met. Staff knew what was important to people and followed the guidance from their care plans. One relative told us, "We filled in the care plan when [family member] first came in, we can check it if we want to." Another relative said, "[Family member] spends a lot of time in their room and they asked staff to make his bed earlier in the day as they like their bed made when they have visitors, mostly this happens. They do listen to their views and act on it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs which were established through the initial assessment.
- Each person's care plan contained information on how they communicated their care and support needs and choices.

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

- People were encouraged to get involved in a variety of hobbies and interests to meet their needs.
- People were offered a range of activities and opportunities to socialise. There are sensory items hanging on hooks along the corridors and familiar household items and pictures around. In the dining room there were plenty of games and puzzles. A member of staff told us, "We are doing Valentine card making this afternoon, we are going to start a book club and the Fitzwilliam museum are bringing in some art. I have also asked the mobile library to call. I put out a sheet of activities on a Monday, I also go around and tell people what I am doing each day."

Improving care quality in response to complaints or concerns

- Complaints were acknowledged and responded to and used to improve people's experiences.
- The provider had a complaints policy which they shared with people and relevant others. Where complaints had been raised, they had been responded to efficiently. One relative said, "I have not had to make a complaint, there has been a change of manager since my mother came here, I would go to them if I

had any concerns."

- Staff told us that the service had a culture of open and honest discussions, so any issues were dealt with immediately. One staff member said, "The manager is available anytime and we speak through any issues or anything we are not sure about."

End of life care and support

- People were supported to make decisions and plan their preferences for end of life care if they wished and relatives were involved where this was appropriate.
- At the time of our inspection one person was receiving end of life care. The registered manager said they worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life experience surrounded by the people they wish to be by their side.
- Staff had completed end of life training and there was an end of life policy to ensure staff could support people with their end of life care wishes and needs.

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.

This is the first inspection of this newly registered service. We have rated this key question 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; Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to their role and aimed to achieve high quality care for people alongside a dedicated staff team.
- The service had a positive culture that promoted people's choice and independence. People praised the atmosphere at the home and the approach from the registered manager and staff members. One relative said, "I fully recommend the home, I see the same core group of staff."
- People, their family members and staff told us they had confidence in the leadership at the service. All of the feedback we received about the registered manager was positive. One relative told us, "I have met the manager, he is about the home a lot, he is hands-on."
- Staff described the registered manager and the provider as approachable and open. One staff member told us, "The (registered) manager and [staff] are very approachable and will try to help no matter what the circumstances."
- Learning from audits and checks had been shared with the staff team in a positive manner with the aim of developing and improving the service provided.
- Staff meetings took place regularly; staff told us they were able to share their views and that the registered managers door was always open for any discussions.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented on their positive working relationships with other professionals.
- Referrals were made for people to relevant professionals when required for specialist advice and support. For example, dietitians, speech and language therapist.

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 provider maintained effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices.
- The provider understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
- The registered manager and nursing staff met daily to discuss changes made to people's care.
- The provider notified CQC of incidents they were required by law to tell us about. This is so we can check

appropriate action has been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service.
- The registered manager and provider were committed to the continuous development of the service. They assessed the quality of the service to drive additional improvements. They included regular reviews of people's care and regular observations of staffing numbers and audits.
- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- People's relatives told us they felt involved in care planning and were reassured by open and ongoing communication from the registered manager and provider.