

Pinestone Limited

Heathercliffe Residential Care home

Inspection report

Old Chester Road
Helsby
Frodsham
Cheshire
WA6 9NP

Tel: 01928723639

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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

The inspection was unannounced and took place on the 17 March 2016. The previous inspection was carried out in June 2014, and the service was found to be meeting all the regulations that were assessed.

Heathercliffe Residential Care Home provides care and support for up to 22 people living with dementia, and is located in Helsby, three miles from the town of Frodsham. At the time of the inspection, there were 21 people living within the service.

The manager had been registered with the CQC since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Checks were carried out to ensure that the environment was safe. At the time of the inspection, a legionella check had not been completed to ensure that the water supply was safe from contamination, however following the inspection the registered provider provided documentation to confirm that this had since been carried out. Equipment such as hoists and the lift were serviced on a routine basis to ensure they were safe for use.

There were sufficient numbers of staff in place to maintain people's safety, and recruitment processes ensured that staff were suitable to work with vulnerable people. Staff were subject to a check by the disclosure and barring service [DBS]. The DBS enabled the registered provider to make decisions about whether potential staff were suitable for the role.

People were protected from the risk of abuse. Staff had received training in safeguarding and knew how to report any concerns that they may have. There was an up-to-date safeguarding policy in place, along with a copy of the local authority safeguarding procedure, both of which were accessible to staff.

Some staff had received training in administering medication, and people received their medication as prescribed. People's medication was stored within a locked trolley which was secured to the wall when not in use. Controlled medications and those that needed to be kept in the fridge were securely stored in a locked office.

Staff had received mandatory training in areas such as the Mental Capacity Act 2005, manual handling and infection control. New staff were supported through an induction process which included a period of shadowing more experienced staff and the completion of mandatory training.

Staff received supervision and appraisals, and team meetings were held periodically. This allowed staff to discuss areas of development, and to voice any concerns with management. It also enabled managers to give updates and share information with staff.

People's privacy and dignity was maintained. People told us that staff were respectful whilst attending to their needs, and staff were able to give appropriate examples around how they worked to maintain people's dignity. For example staff told us that they would ensure doors were closed during personal care interventions. Staff spoke kindly to people, and there was a lot of laughter and banter throughout the service.

People's personal information was stored securely on an electronic system, which was password protected. There was an up-to-date policy in place for staff on keeping passwords secure, and computers were kept in offices which were locked when not in use.

People told us that they knew how to make a complaint and that they felt the registered manager was approachable. The registered provider had not received any complaints, however there was an up-to-date copy of the complaints policy which was available for people and their relatives. The registered provider had received a number of 'thankyou' cards which were on display at the entrance to the building.

People, their relatives and staff all knew who the registered manager was and spoke positively about her. People and their relatives commented that she was approachable and staff told us that they felt supported by her. There was a positive culture throughout the service. People told us that the quality of the care provided was high, and that their overall experience was positive.

The registered manager and the registered provider carried out audits to monitor the quality of the service provided. These looked at various aspects of the service which included care records, medication and falls. Issues identified by audits were followed up, and action taken to address them.

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.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There were robust recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

Deprivation of liberty safeguards [DoLS] were in place for those people who needed them, and staff had received training in the Mental Capacity Act 2005.

People told us that they enjoyed the food that was on offer, and were offered choices that were in line with their dietary requirements.

Is the service caring?

Good ●

The service was caring.

Staff maintained people's dignity and were respectful towards them.

There were measures in place to ensure that people's confidentiality was protected.

People at the end stages of their life were made comfortable, and their relatives kept up-to-date of developments as appropriate.

Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised and outlined how staff should support them.

People and their relatives were aware of who to complain to, and felt confident that any concerns would be listened to.

Is the service well-led?

The service was well led.

There was a registered manager in post who people and staff knew and liked. People felt that she was approachable and staff told us that she was supportive.

Audits which were carried out ensured that the quality of the service was maintained.

Good ●

Heathercliffe Residential Care home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 17 March 2016 and was unannounced.

Before the inspection, the registered provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and took it into consideration during the inspection.

The inspection was carried out by one adult social care inspector. Prior to the inspection we contacted the local authority's safeguarding and quality monitoring teams, neither of which raised any concerns about the service. We also contacted Healthwatch, who did not raise any concerns. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided.

During the inspection we looked at three people's care records, and spoke with seven members of staff including the registered manager. We spoke with six people who used the service and also completed a short observational framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people's relatives and spoke with one visiting health care professional. We also looked at the recruitment records for four members of staff, along with other documentation relating to the management of the service. We also made observations on the interior and exterior of the building and grounds.

Is the service safe?

Our findings

People who used the service told us that they felt safe, their comments included "I'm kept safe and well here", "I'm safe. It's like home". People's relatives also commented that they felt their relatives were safe, "My [relative] is definitely safe here", "Yes my relative is safe. They [staff] manage risks well without being overbearing".

Checks were in place to ensure that the environment remained safe for people who used the service. Water temperatures were monitored on a regular basis to ensure that they were at a safe temperature, and the lift and other equipment such as hoists were routinely serviced and checked to ensure that they were in working order. A legionella check had not been carried out, however following the inspection this was rectified, and a copy of the certificate was sent to us as confirmation. Individualised personal emergency evacuation plans [PEEPs] were in place for people who used the service, which outlined the support people required in the event of an emergency.

Staff had undertaken training in Infection control, and we saw that staff wore personal protective equipment [PPE], when serving food, accessing the kitchen or supporting people to attend to their personal care needs. Bathrooms and toilets contained liquid soap, and there was also alcohol gel available. This helped prevent the risk and spread of infection.

There was a robust recruitment process in place to help keep people safe from harm. New staff had completed an application form and had been required to provide details of their previous employment history and qualifications. New staff had also provided two references and had been subject to a check from the DBS to ensure that they were suitable to work with vulnerable adults.

There were sufficient numbers of staff in place to keep people safe. Rotas indicated that staffing levels were consistent, and we observed adequate numbers of staff on the day of the inspection. People's relatives told us that there were enough staff to ensure people's safety, their comments included, "Staffing isn't an issue. There always seems to be someone on hand" and "There are enough staff here".

A record of accidents and incidents was maintained, which included details on the time, the the location and any resulting injuries following an incident. This information had been used to put preventative measures in place to help reduce the level of risk. For example referrals had been made to one person's GP as it was thought that an increase in falls had been caused by a recent change in medication. We saw examples where assistive technologies, such as pressure mats had been put in place for other people, in an effort to minimise their risk of falls. This indicated that the registered provider was working to maintain people's safety.

The registered provider had an up-to-date safeguarding policy in place, and a copy of the local authority's procedure was also available. These documents were kept in the office and were accessible to staff, who confirmed that they knew where to find them. The registered manager knew how and when it would be appropriate to raise any concerns with the local authority, and we saw records which indicated that this had

been done appropriately.

Staff had received safeguarding training and were aware of the different kinds of abuse that may occur, along with the signs and indicators that may cause them to suspect abuse may have occurred. One member of staff commented, "Abuse can include physical and psychological harm. People might have marks on their skin, like bruising or they might become reclusive". Staff were aware of how to report their concerns. One member of staff told us, "I'd tell my manager, or go to the police, safeguarding team or CQC".

People were supported to take their medicines as prescribed. Staff had received training in administering medication, and regular checks were carried out to ensure that this had been done appropriately. Staff used medication administration records [MARs] to document when people had been given their medication. We checked to see whether these had been appropriately filled out, and found that they had. Medicines were stored in cabinets which were secured to the wall and locked when not in use. Controlled drugs were kept in a secure office, and those medicines that needed to be kept at low temperatures were stored in a fridge.

Is the service effective?

Our findings

People who used the service told us that staff provided them with the right care and support, and that they were good at their job, their comments included; "Staff are really helpful. They do what needs to be done", "Staff seem competent to do the job they do". One person's relative also commented; "Staff are very professional when supporting my [relative]."

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. The application procedures for this in care homes are 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 were being met, and found that they were. The registered manager was aware of those circumstances where an application would be needed to be made to the local authority to put a DoLS in place. Records indicated that applications for those people who required a DoLS had been sent and were awaiting approval.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the act. Staff told us that they allowed people to make choices for themselves where they were able. Their comments included; "I let people make their own decisions, like what clothes they want to wear for the day", "I make sure I offer people choice and don't just assume they like things done in a certain way". Not all people were able to tell us whether staff allowed them to make their own decisions, however we were able to observe examples, for instance, a member of staff asked one person if they would like support with going into the lounge to listen to the entertainment. The person declined this and staff respected their wishes.

New staff were required to complete an induction, which included a period of shadowing experienced members of staff, and the completion of mandatory training, such as safeguarding and manual handling. New staff were also required to familiarise themselves with the registered provider's policies and procedures. The induction period helped ensure that they were suitable for the role, and had sufficient knowledge to carry out their roles effectively.

Ongoing training was made available to staff to ensure that their skills and knowledge were kept up-to-date. As well as completing mandatory training staff were also supported to gain further qualifications, for example all staff were working towards, or had completed the care certificate. The care certificate sets basic standards which care staff are expected to meet. Other staff were also being supported to complete a national vocation qualification [NVQ] in care at various levels, including 2, 3 and 4. Staff told us that they felt supported by the registered provider to develop their skills. One staff member commented, "There's loads of training available. I feel supported to progress".

Team meetings and staff supervisions were held periodically through the year. Supervision gave staff the opportunity to discuss areas of development, or any issues that they may be experiencing. Staff also received an annual appraisal which looked at their performance over the past year, and they set targets for the year ahead. Staff commented that they found these sessions constructive and helpful, one member of staff commented; "The feedback you get is always constructive".

People told us that the environment was well maintained and well suited to their needs. Their comments included; "There's such an attention to detail", "The garden is so lovely". The environment was clean and decorated to a good standard. There was a lounge that was cosy, along with a dining area that could easily accommodate the people using the service, and was decorated with fresh flowers on the tables. The conservatory was light and airy and had a peaceful atmosphere, allowing views over a well-maintained garden. People told us that they were looking forward to better weather so that they could spend more time in the garden.

People told us that they enjoyed the food that was available. Their comments included; "The food is lovely here", "The food is really tasty". People were offered a choice of tea, coffee or cold drinks throughout the day, and one person told us, "We get tea whenever we want". People could choose to sit in the dining room during meal times, however we saw that some people preferred to sit in the lounge area, and they were supported by staff to do so. People were given a choice of two different meals, however they were able to request something different if they did not like what was on offer. During meal times, staff plated up the options available so that people could choose the option they found to be more visually appealing.

People's care records contained information about their dietary requirements, and this information was also available to kitchen staff, who demonstrated a good understanding of people's dietary needs. People had been supported to access the dietician where there were concerns about their diet. Advice from the dietician was taken on board, and there were examples where people were being supported to have high calorie diets to help them maintain a healthy weight.

Daily notes, kept in people's care records outlined that people had been supported to access a range of health and social care professionals, for example their GP, social worker and dentist. We spoke to a GP who visited the service on a regular basis. They spoke positively about the service and commented, "Staff deal sensibly with any issues and communicate well with other professionals".

Is the service caring?

Our findings

People told us that they felt staff were caring and supportive, their comments included; "Oh yes staff are very caring", "The staff here are lovely". People's relatives also commented that they felt the care provided was caring, comments included; "The support has been amazing. They've been supportive of me, as well as my [relative]", "Staff here are kind" and "Staff are angels waiting for their wings".

Throughout the inspection there was a lot of laughter within the service, and there were many examples where staff and people shared jokes and banter with each other. People presented as happy, relaxed and content. There was a lot of discussion between people and staff, and it was evident that a good rapport had been developed. Staff spoke positively about the people that they supported, for example one staff member commented; "I love working here, and I love the people I work with". Staff acted respectfully towards people, and were kind in their approach, for example staff allowed people to walk at their own pace from the lounge into the dining room, and were patient.

Care records contained information around people's life history and their social interests, and included details such as their earliest and favourite memories. We spoke with staff who had a good knowledge of the people they supported, which indicated that they had spent time getting to know them. Staff were aware of people's preferences, for example those people who did not like spending time in groups, and preferred one to one discussions or time by themselves.

People's privacy and dignity was maintained. Staff ensured that doors were closed whilst attending to people's personal care needs, and we saw an example where staff discreetly supported one person to the toilet during lunch. Staff gave appropriate examples of how they would ensure people's dignity was maintained during personal care interventions, for example one member of staff commented, "I always make sure that people are covered with a towel when I'm helping them get washed and dressed". People confirmed that staff were respectful in their approach, one person commented; "They treat me with respect".

People's confidentiality was maintained. Records which contained personal information were stored electronically, and access to this required a password. There was a data protection policy in place which included information for staff on keeping their passwords safe and secure. Computers were kept in offices, which were locked when not in use.

People's relatives told us that they were made to feel welcome when they visited the service, and that there were offered refreshments, their comments included; "Visitors are welcome all the time", "I get offered tea and cake. It's a nice thing to have a cup of tea and some cake with your relative. It's a nice social thing to do".

The registered manager confirmed that there was currently no one using the service who required the use of an advocate, however information was available within the service on how people could go about accessing support from the local advocacy service. Advocates act as an independent source of support, to assist

people in expressing their needs and wishes, and making decisions which are in their best interests.

The registered provider had an end of life policy in place, which we saw was being followed. Care records were reflective of people's needs and how they should be supported to remain comfortable during the last stages of their life. Their relatives confirmed that they received regular updates on their wellbeing. One relative commented; "They have given private and dignified support to my [relative]".

Is the service responsive?

Our findings

People told us that they were provided with the care and support that they needed. One person commented; "They help me do things I can't do myself". People's relatives also commented that the support their relatives received was appropriate, their comments included; "Their [staff] support has been amazing", "They support my [relative] very well", "[My relative] always looks well kept".

People each had a personalised care plan which outlined what support they required, along with their interests and details on their personal histories. Care plans were developed on the basis of an initial assessment which had been completed by the registered manager or a senior member of staff, prior to people moving into the service. Assessments from health and social care professionals, for example the GP or social worker, were also used as part of planning for people's needs and developing an overall care plan on how to support them. Assessments also helped to determine whether a person's needs could be met at the service.

People could not always remember whether they had been involved in planning their care needs, however their relatives confirmed that, where appropriate, they had been involved and supported their relatives with this process. One relative commented, "They discussed my [relative's] needs with me, and they also speak with me about any changes". Care records were reviewed on a monthly basis, and were updated to reflect any changes. People's relatives confirmed that monthly updates were given to them, and that they had been involved in the review process where appropriate.

Daily notes were contained within care records and they included details about the care and support people received, along with any changes in their needs. Information around any incidents was also documented, and risk assessments had been updated to reflect any increase in risk. Staff handovers were completed at the beginning and end of each shift, which allowed staff to be aware of developments that may have occurred.

Risk assessments were personalised and incorporated a plan of action, which included information on why the plan was in place, and how staff should act to manage the risk. Staff were aware of the risks presented to people, and how they should respond to mitigate this. For example one person's behavioural needs could place themselves, and others at risk of harm. Staff were aware of appropriate distraction techniques that could be used to prevent this from happening.

There was an activities plan in place for the month ahead which included trips out, entertainment and one to one sessions with people. During the inspection a singer performed for people. People were invited to sit in the lounge and were offered a glass of sherry whilst they listened to the performance. People were tapping their feet and smiling throughout the entertainment, and told us that they were having a good time. People and their relatives commented that the activities provided were good, and that they were particularly looking forward to the garden parties in the summer. Comments included; "They have interactive things on through the week, like quizzes or arithmetic" and "The entertainment here is great".

There was an up-to-date comments and complaints policy in place which was on display at the entrance to the building. People were able to recognise who was in charge, and told us that they would raise any concerns if they had any. One person commented, "Yes I'd complain if I had to". Relatives told us that they felt confident raising concerns with the registered manager and felt that these would be listened to. Their comments included; "I would be confident raising any issues" and, "I've no reason to complain, but I would if I had to". No complaints had been received by the registered provider, however a number of thank you cards were on display at the entrance to the building.

Is the service well-led?

Our findings

The service had a manager who had been registered with the CQC since October 2010. People and their relatives told us that they knew and liked the registered manager. Their comments included; "The manager is really friendly and approachable", "I know who the manager is and would definitely approach her with any concerns". Staff told us that they felt well supported and that they enjoyed working within the service. Their comments included; "I like it here, it runs really well", "I love working here. My manager and colleagues are so supportive" and "The provider puts so much money into this home, you just feel that they really care".

Throughout the inspection the registered manager was visible around the service, and spent time working alongside staff. Staff were aware of the management structure within the service, and told us that they would feel comfortable approaching the registered manager with any concerns. Their comments included; "The manager is approachable", "The manager is always there for you" and "The manager is definitely approachable. She's so supportive". Staff told us that they felt able to make suggestions around how to make improvements to the service, either informally or during supervision and team meetings.

Staff were committed to providing high quality support to people, which reflected the values outlined in the registered provider's philosophy of care. For example staff allowed people to retain their independence by allowing them to make their own decisions. One member of staff commented, "I hope that the work we do enriches people's lives". Staff also spoke about how they promoted people's independence and dignity and there were examples where people at the end stages of their life were treated with kindness and compassion.

People commented that they felt there was a positive culture within the service, their comments included; "It's really good here. I can't believe the attention you get from the staff" and "This place is very homely. People are so friendly". People's relatives also commented, "This is a jovial place" and, "There is a very relaxed atmosphere".

People spoke openly with staff and the registered manager. Relatives told us that whilst there were no relatives and resident's meetings, they felt able to approach the manager informally. Monthly updates were given to relatives where appropriate, which outlined people's general wellbeing and any issues. Relatives told us that where appropriate they could organise to meet with the registered manager, to ask any questions or raise concerns. A relative commented; "They take the time to explain things to me. They've gone above and beyond and are very keen to accommodate".

The registered manager monitored the quality of the service by completing routine audits in a number of areas, such as medication, falls and care plans. Follow up action was taken if any issues were identified, for example people who had regular falls were referred to the GP, or assistive technology was used to help mitigate the risk. The registered provider completed quality audits, and also reviewed the registered manager's audits to ensure actions identified had been completed. The registered provider also had an annual action plan in place, which included things that needed to be done through the year, for example

reviewing and updating policies and procedures.

The registered manager had a good understanding of those instances that they were required by law to notify the CQC about. Our records indicated that notifications had been sent through to us as required.