

Pinestone Limited

# Heathercliffe Residential Care home

## Inspection report

Old Chester Road  
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Cheshire  
WA6 9NP

Tel: 01928723639

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09 October 2018

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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

We carried out this inspection on 08 and 09 October 2018. The inspection was unannounced.

This service was last inspected in March 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Heathercliffe Residential Care Home 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.

There were 21 people living in the home at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of the service. 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. The registered manager had been working at the service for over 18 years.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home.

We spoke with seven people who lived in the home and one relative who all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and many people described the staff as "like family."

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they knew people well and how they liked to be cared for.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own

decisions and their choices were respected. We asked the home to improve its audit trails of how it supported people with consent and capacity issues.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were very involved in supporting staff to understand how people wished to be cared for.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. The provider also provided close scrutiny of the service and was a regular presence in the home visiting almost daily.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# 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.

This inspection took place on 08 and 09 October 2018 and was unannounced.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with seven people who lived in the home and one relative. We spoke with the registered provider, the registered manager, deputy manager, maintenance person and three other staff. We looked at care records for four people who lived in the home and recruitment, training and personnel records for three staff. We also looked at records around how the service was managed including quality audits, records of staff meetings and feedback the registered manager had received from people who used the service and their families. We also had some feedback from the local authority.

We reviewed the information we held about the home, including the information in the PIR, before we visited the service. We used the information we held about the service to plan our inspection. We also viewed a Healthwatch report.

# Is the service safe?

## Our findings

The people who lived in the home told us that they felt safe living there. One person said, "I feel at home here. It's not the same as home but it's the next best thing and I am safe."

The registered manager showed us around the building. We saw that the building was very well maintained and decorated to a high standard. We looked at the maintenance records and saw that ongoing checks were continuously made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date. We spoke with the maintenance person and could see that they were very organised and that all aspects of safety and contingency plans in an emergency were in place.

We looked at staff recruitment and looked at three files for staff members who had been recruited since our last inspection. We saw that this had been done safely and all of the required checks had been completed prior to new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. We saw that many good practice standards were adhered to in relation to people's medicines. One person sometimes had to receive their medicine covertly (hidden in their food). We asked the home to improve the records relating to the person's ability to consent to this.

We looked around the home and saw that it was clean. We saw that domestic staff were working in the home and ensured that all areas of the home were clean and well maintained. We looked at cleaning audits and saw that they were regularly completed and the home had achieved a score of 100% at an infection control audit conducted by the local authority. The kitchen had been inspected by the Food Standards Agency and had been awarded five stars at the last inspection which is the highest score.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were rarely used so the people living in the home were always supported by staff who knew them well. We saw that the registered manager and deputy manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed.

We looked at risk assessments and saw that risks were managed well. We looked at the records relating to accidents and incidents and saw that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. There had been no safeguarding concerns since the last inspection. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

## Is the service effective?

### Our findings

We asked people about the food available in the home and they told us that it was good and what they liked to eat. They told us that they had "good home-cooked food". Some people told us that they could choose something else if they didn't like the food.

We sat with people having lunch during the inspection. The food smelt, looked and tasted appetising and we saw people enjoying it. Staff were present and chatting with people at the dining room table whilst they ate their food. Some people required some assistance and staff were observed to offer this unobtrusively, encouraging the person to manage themselves and maintain their independence. Staff were attentive and respectful throughout the meal, offering people gravy and asking where on their dinner people would like it. Some staff were sitting with people at tables enjoying the meal. We saw that people's weights were closely monitored and action taken promptly when it was required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We spoke with the registered manager and deputy manager and suggested that they improve the recording mechanisms of decision making in relation to people's ability to consent to specific decisions. We spoke with an advocate who supported one person who lived in the home currently but had also supported other people. They told us that the home had demonstrated to them that they clearly understood issues around consent and how advocates should be engaged to support people.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training. We also saw that the home had recently signed up to a pledge with two organisations called Silver Rainbows and Body Positive to meet the needs of people from the LGBT community with knowledge, confidence, empathy and compassion. This meant that all staff were receiving training to help them to meet this pledge.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support.

## Is the service caring?

### Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff and management team treated them in a kind and caring way. We saw that staff were very professional in their approach but very kind and gentle as well.

People told us the support provided by the staff helped them to maintain their independence and do all the activities they wanted to do. They told us this was very important to them. One person told us, "Without them I wouldn't be able to do the things I can now." A relative told us that they had peace of mind knowing that their family member was safe and well cared for.

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff "always" ensured their privacy and dignity were maintained while they were receiving personal care. We saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary.

We saw that the staff were very skilled in supporting people who lived with dementia and the challenges that this presented. We observed staff on a number of occasions throughout the inspection reassuring people who were confused and disorientated. One person was becoming distressed because they couldn't find their car keys even though they were no longer able to drive. The registered manager gently explained that they didn't need them and then took action to re-orientate the person to their surroundings.

We saw people asking staff to help them, for example, get them a cardigan because they were cold even though it was warm in the home. Staff were responsive to people's needs. They made sure that there was always a staff member present in the communal areas of the home to assist people when they were needed.

People we spoke with told us they would speak to the staff if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services and advocates had regularly been requested to support people in the home.

We saw that records were stored confidentially and that people's right to privacy was respected.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs and wishes. One person told us about the gardening that they enjoyed being involved in. Another person told us that they enjoyed the singer that sometimes came into the home to entertain them.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and responded to safely. We saw that regular communication took place with relatives in the form of "Offspring meetings". These were opportunities for the home to engage with the person and their family members to look at how things were going and if anything needed to be changed or improved.

We saw that the home provided lots of activities for people to take part in if they wished to. We saw that they catered for lots of different needs and often brought in outside entertainers. The local primary school had also been involved with the home and had come into the home to sing to the people who lived there. All activities were evaluated to see if people enjoyed them and what improvements could be made.

The registered manager had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised. There had been no formal complaints since the last inspection. The registered manager thought that they resolved issues before they became complaints as they prided themselves on maintaining good communication with people and their relatives.

The service supported people to the end of their life and staff had received training in specialist end of life care. The home was accredited with "Six Steps to Success" – The North West end of life care programme for care homes.

# Is the service well-led?

## Our findings

People told us this was a good home and said they would recommend it. They told us they were happy with the care they received and valued the support provided by the staff. One person told us, "The home is the best one I've seen."

The registered manager told us that they had a positive relationship with the registered provider and they offered their support when it was required. The home was a family run business but they prided themselves on the professional approach they maintained.

We saw that the registered manager, deputy manager and care coordinators observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. The registered manager and the deputy manager regularly worked "on the floor" so they could fully understand any difficulties that staff were experiencing as well as to observe staff performance.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and safeguarding concerns and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored.

The manager was receptive to our feedback and demonstrated that they worked collaboratively with the provider and outside sources of help to make improvements to the service.