

North Staffordshire Residential Homes Limited

Heyfields Nursing Home

Inspection report

Heyfields
Tittensor Road
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Staffordshire
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Tel: 01782373584

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Ratings

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

Summary of findings

Overall summary

We inspected this service on 13 October 2016. This was an unannounced inspection and this was our first inspection of the service under our new inspection approach.

The service provides support to 46 older people, some of who may be living with dementia. At the time of the inspection there were 44 who used the service.

There was a registered manager in 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.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves, they were supported to make decisions that were in their best interests with the help of people who were important to them. Assessments to determine capacity had not been carried out to ensure people only made decisions where people no longer had capacity. Where restrictions were placed upon people these had been identified and application made to ensure any restriction was lawful.

People received their medicines at the right time and systems were in place to ensure medicines were managed safely. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

There was sufficient staff to meet the assessed needs of people who used the service. Many of the staff had worked within the service for many years and knew people well. The staff were kind and treated people with dignity and respect and helped them to make choices about their care. People chose how to spend their time and there was an extensive range of activities in the home for people to join. People continued to spend time with friends and family and visit places in the community.

People told us the staff were kind and treated them with dignity and respect. People's care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported.

People's care needs had been assessed and reviewed to ensure they received care to meet their individual needs. The care records detailed how people wished to be cared for and supported and evidenced where people had been involved with any review. Staff received training to meet identified needs and received on-going support to ensure they delivered the correct support.

People were encouraged and supported to eat and drink and there was a varied daily choice of meals. People's special dietary requirements were met and where concerns were identified, people's weight was

monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People were protected from harm as the staff understood their responsibility to safeguard people and knew how to identify risks and how to raise any concern. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence

People were confident they could raise any concerns with the registered manager or staff and were complimentary about the service provided. The registered manager was approachable and provided support to the staff team. People were encouraged and supported to provide feedback on the service and there were effective systems in place to review and improve the quality of the service provided.

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.

People were protected against the risk of harm because staff were able to recognise abuse and took appropriate action when it was suspected.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Medicines were stored, administered managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were able to make choices about how they wanted to be supported. Where they needed help decisions were made in their best interests with people who were important to them although assessments to demonstrate people no longer had capacity were not completed. Staff had received training to know how to support people and maintain their well-being. People were supported to eat and had access to health care professionals who supported them to keep well.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and compassionate. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care and their views were listened to and acted upon. Staff respected people's individuality and encouraged them to maintain their independence. People were able to choose how they wanted to be supported during their end of life care.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care

and treatment. People's preferences, likes and dislikes were understood by the staff. People were supported to maintain relationships that were important to them and to engage in activities they were interested in. Relatives and visitors were welcomed and included in activities as well as special events. The provider responded effectively to people's complaints about the service.

Is the service well-led?

The service was well-led.

There was a positive culture and staff felt well supported by the registered manager and provider. Effective systems were in place to assess and monitor the quality of the service and information was used to help make improvements. People, their relatives and staff were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

Good ●

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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 was 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 visit took place on 13 October 2016 and was unannounced. Our inspection team consisted of one inspector and one 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.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 12 people who used the service, six relatives, nine care staff and the providers of the service. We did this to gain people's views about the care and to check that standards of care were being met. We observed care and support in communal areas and we reviewed the latest inspection report from commissioners of the service.

We viewed five records about people's care and medication. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe in the home and one person told us, "I don't have to worry here and I know the staff have my best interests at heart. They are so caring and I think the world of them." One relative told us, "I have no concerns about the safety of [person who used the service]. All the staff are marvellous and they are a credit to the home." We observed that the people interacted positively with the staff, and there was talking and people laughing and smiling together.

The staff knew how they should report any safeguarding concerns. They were also able to show understanding as to what situations were considered as unsafe or could cause people harm. One member of staff told us, "We've just completed our safeguarding training and this included looking at different forms of abuse and what we could do. We know we can report things to the manager or go straight to the safeguarding team and we have their number." Other staff confirmed they knew about the whistleblowing policy and how to report concerns. One member of staff told us, "It doesn't matter who did something wrong, we know we have to report it." This policy protects staff if they wanted to report any concerns, anonymously if they preferred.

We saw the staff worked in a safe manner when helping people. For example, when supporting one person to move, the staff ensured the footplates were attached to the wheelchair, before helping them to move. When new staff started working in the service, they completed training to enable them to support to move people safely. One person told us, "I like it when the new staff come here and help. The reason I like this is because I can see that they are being trained properly. I've never had any problems with the staff using the equipment. They are careful and kind." We observed people being supported to walk with mobility aids and staff prompted people to hold any aid correctly so it would provide the support they needed. We saw the care records included information on how to support people to move and associated risks and this matched what we observed.

When new staff started working in the service all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. One member of staff told us, "When new staff start, they have to have a police check before they work with people and then they shadow us before they work alone. People here need to know and be confident they are getting the right help from people they know and trust."

People felt there were enough staff on duty to support them safely. People told us they had the help and support they needed, when they needed it. We saw that staff were available to spend time talking with people, helping with any activities, going out with people as well as supporting with personal care. Most of the staff had worked within the service for many years and one person told us, "The staff are like family here. They don't chop and change all the time. We have built some good relationships with them and I'm very happy here." A relative told us, "I've never seen any shortages at all and you can just ring the bell and a young lady comes immediately." A member of staff told us, "Having an established staff team gives people continuity. We know people really well and can spot any changes. It's better for people as they know us, they trust and talk to us. We wouldn't be here if we didn't feel valued and knew we were doing a good job."

We saw people received their medicines at the right time and staff spent time with people to ensure this was taken. People were not rushed and staff spoke with them and explained what the medicines were for. We saw the medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people. Medication records contained information about whether people had taken their medicine and any reason this had not been given.

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider 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 where there were concerns about when people lacked capacity, the staff had identified this, however capacity assessments had not been completed to identify whether people could make very specific decisions. The care records included details of relatives and friends that people wanted to be included with any decision and the staff had consulted with these people about any support. One person told us, "I have the staff who I wanted to be involved with my care. It can't be easy for staff asking these questions but it's important that they do" People were helped to develop an advance care plan, where they were able to express their wishes and this information was used to make decisions. A member of staff told us, "With the advance care planning we are able to make sure that we are doing what the person wanted us to do." This was discussed with the provider and they understood the need to carry out mental capacity assessments to ensure that decisions were only made in people's best interests when they no longer had capacity.

We saw some people had restrictions placed on them as they could not leave the home without support. Applications to lawfully restrict their liberty had been made and the nursing staff understood their role in relation to any restriction. They told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe and supported them when leaving the home. The person was still supported to have as much choice and control as they were able to in all other areas of their daily life.

We carried out an observation at lunchtime to understand people's mealtime experiences. People could choose to eat where they wished to; the majority chose to sit in the dining areas provided, some people ate their meal in their bedroom. The dining tables were laid with table cloths and napkins and people chose to say 'Grace' before the meal. Meals were attractively presented and people were offered a choice of what to eat. There was a printed menu for people to read and one person told us, "If we don't like anything, we can ask for something else." Another person told us, "The staff always ask me what's being prepared and I get a choice. If I want something else, that's never a problem." We saw people were asked, "How much would you like? Would you like something with that? Do you want some sauce and whereabouts do you want it? Over there? and Is everybody okay?" This meant people were only served what they wanted in a style of their choosing. People were also offered a glass of sherry or wine when they were seated and one person told us, "We get sherry every day. I don't think they come much better than this place."

Staff had received training in food hygiene and nutrition. One member of staff told us, "The training covered

people's general diet and how we can support people to eat healthily. We also looked at blended diets. When people need softened food, we blend each item differently so people can still taste all the different food." Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored. We saw that people were given supplements that ensured they received sufficient amounts to eat. Drinks were served throughout the day and we heard when people asked for a drink these was provided and staff offered other people in that area another drink.

People benefitted from being supported by staff who had the knowledge and skills to support them and told us they were confident that staff provided support in the right way. Where new staff started working in the service they received an induction and completed training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "New staff shadow team members for four weeks and this gives them an opportunity to get to know people and for them to trust and feel safe with them. New staff aren't rushed into anything. We are proud of how well we work here and want to do things well."

Staff continued to receive training to meet the needs of people who used the service. One member of staff told us, "Whatever training we do, we have checks to see if we have learnt everything. We've had infection control training and the nurses will check we are washing our hands correctly." Another member of staff told us, "We are very proud that we have not had any outbreaks and I believe this is because we are such a clean home and high standards with our training and how we work every day." Staff received training with how to safely evacuate people in the event of an emergency. One member of staff told us, "We have fire training each year but don't just read the policy; we actually do role play so we know how to help people leave if there was a fire."

People had access to health professionals and services and told us that their health needs were met. People told us they continued to receive routine appointments with an optician and dentist. One person told us, "The staff always make sure I have the right glasses. I love to read so it's important to me. I have the tests and if I need new ones then it's all sorted out for me." Nursing staff monitored people's health and well-being and sought advice from healthcare professionals as required.

Is the service caring?

Our findings

People felt the staff were kind and caring and they were treated with compassion. Staff had developed close relationships with people and enjoyed knowing about each individual and their family. One person told us, "The staff here are like my extended family. I genuinely feel very fortunate to be here and supported by such wonderful staff." Another person said, "The staff make this place. They are first class." A relative told us, "I sit with [person who used the service] for many hours and I can honestly say, I've never seen anything I'm concerned about and whichever staff are on, they all do such a wonderful job. They are kind and caring and really make a difference." One member of staff told us, "We like to get to know people because that way we can support them in the way they want."

We saw positive interactions between people and staff and people were supported to dress in a style of their choosing. We saw when one person was leaving, the staff supported them with their tie and ensured they were dressed smartly for the occasion. The member of staff told us, "[Person who used the service] always likes to like nice. They prefer to wear more formal wear and it's important to them about how they dress." One person told us, "I don't like to leave without my makeup and hair done the way I want. If I have any problems the staff are always about to help. I don't like to let my standards slip."

People were able to include information about how they wished to be cared for and supported in the event of their death. The care records included information about their life history including family relationships and important events and religious beliefs. The provider and staff implemented the Gold Standards Framework (GSF) for caring for people at the end of their lives. The GSF focuses on the quality of care for people nearing the end of their life enabling people to live well and die well in the place of their choosing. Information was available about how people wanted to be supported in life and in the event of their death, including how any service was to be conducted. One person told us, "The staff really care about what happens here and what we want. We've sat and discussed how I want to live and what to do if I get ill. They know I want to stay here. This is my home." One member of staff told us, "We speak with people about how they want to be supported so we can get it right. It's really important to us that people can have a 'good death'. People have very particular wishes and we feel honoured to be able to support people and their families at that time." Another member of staff told us, "Where people have died we reflect on how they were supported and if we could have made improvements. We never stop striving to make things better. This is a sensitive and emotional time for people. It's important that during this time people receive the support they want. For some people, it's about having people around them that are important to them. For others, it's about what they want to do or eat. It doesn't matter as it's what is important to people." Another member of staff told us, "We've got the gold standard award and the girls are really proud of that." We saw where advanced care planning had been completed; there was information about what people had requested and who had been involved within the care records. One member of staff told us, "It's really important everyone knows what people want and it's clear in the records so what they want is what happens."

Photographs were displayed of all the staff to help people to recognise the person supporting them. One person told us, "If there are any new staff, they get introduced to us so we can get to know them. Most of the staff have been here a very long time and we know them really well."

People were able to bring their personal belongings with them including furniture. One person told us, "I have my room set out just how I like it. We're very fortunate here as we have large bedrooms so can bring a lot of items from home. I like it this way though, it more comfortable for me." Another person told us, "I was able to choose which room I wanted before I moved here, so I knew what to expect and they made it very clear that I could change it around so it was comfortable for me. I like having my own phone so my family can call me."

People told us that family and friends could visit at any time. One person said, "My family just 'pop' in here all the time. They don't need to announce it. Nothing's changed from when I lived at home; if people want to visit they do." One relative told us, "I still visit people here and the staff even though [person who used the service] has died. I have so much admiration and respect for the staff. This is a very special place."

People's right to privacy was recognised and staff promoted their dignity. Staff introduced themselves when entering people's rooms and knocked on the door. Where people received any personal care, they were supported to a private area. Staff spoke with people by their preferred name. One person told us, "I've never been called by my Christian name and they know this."

People were involved in making choices about their care and how they spent their time. One person told us, "I spend each day as I did when I was at home, but here I have more company. If I want to stay in bed, I can. If I want to go out, I do. All they ask is to let them know so they don't worry." People's independence was promoted. One person told us, "The staff never interfere where they are not needed. I like to look after myself but it's reassuring to know they are around if I need them." We saw that people's mobility aids were kept close to them so they could move around the home independently if they chose to do so.

Is the service responsive?

Our findings

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and the provider could meet their needs. We found that staff knew people's care preferences and could talk with us about how people wanted to be supported. Some people who used the service were unable to be involved in the planning of their care and in these circumstances, family members and people who were important to them were asked about how care could be provided in the way people wanted it. Where people's care changed, the staff reviewed their care with them. One person told us, "I've greatly improved since coming here and can do so much more for myself. I used to need a hoist but now I only need help to stand. All the staff have been really encouraging and I'm really happy that I'm getting back on my feet." People's care records were reviewed each month with them to ensure they remained happy with the agreed care and support. One person told us, "We talk about what we want with the staff. If things change then they make a note of this. They are always asking if we are happy and are doing things right."

People were able to choose how to spend their time and participate in a range of activities and their diverse needs were recognised. One person told us, "We all like different things but there's always something that someone wants to do. Some people enjoy the scrabble group and playing that but I couldn't think of anything worse but I like going out and enjoy the films. You can do what you feel like doing." A record of activities people attended was maintained and monitored to review how people responded and which activities were most popular. One member of staff told us, "We want to make sure people enjoy what activities are provided, so we want their feedback."

We saw people joined a news group and discussed the main headlines from the daily newspaper. The group started by confirming the day and date and the initial discussion was about recent political events. After reading the article the group explored the possible implications of leaving Europe and people's opinions of the new Prime Minister. Everyone in the group was able to contribute their views and given opportunities to speak. The group completed the answers to the daily crossword. One person told us, "We get quite competitive and time how long it takes us. Today wasn't the quickest we've been." Another person told us, "I always attend this group. I like to talk about what's going on in the world and we have some really good discussions and it doesn't matter if we don't agree with each other. That's Life."

People were able to go out to places which interested them. Each week there was a film afternoon, where people watched a film, had popcorn and snacks and then talked about the film. One person told us, "I really enjoy this but what's nice is that if we want to we go to the cinema too. It's a different experience." One member of staff told us, "Some people have been to see Bridget Jones' baby. They really enjoyed it and it was good to go there." We saw people leaving to go to Trentham Gardens and having lunch whilst out. One person told us, "We go out quite often. We're asked where we want to go and who with. It's never a problem." We saw people participating in a knitting group and playing scrabble with a member of staff. One person told us, "I'm not sure whether it's the company or the knitting we enjoy, but I'm very happy with what's offered here."

People were able to include relatives to join the activities. One person told us, "The more the merrier. If we

want to invite our family to any event, there's never a problem. Family is important to us and when the provider got married recently, they came here on their wedding day. It was lovely to see them looking so glamorous and have a drink with them. We are all like a big family and we really enjoyed being part of their special day." Another person told us, "I enjoy spending time with family and we go away together. I've been to see shows and spent nights away. Being here doesn't stop you doing the things you like" Activities were organised in the evenings and people were able to go for a meal out and visit friends. One person told us, "We have so much we can do throughout the day. There's no curfew. We are adults and as such can go out when we want." A member of staff told us, "If people want to go out in the evening then we work flexibly to accommodate this. Activities shouldn't just be nine to five.

People enjoyed walking in the grounds of the home and one person told us, "The grounds are wonderful here. When it is nice, the staff help me to go out and I really enjoy sitting outside." Another person told us, "My room looks out over the garden and I have a wonderful view. If I want to I can just open my door and go out. I could spend hours just watching the wild life. I love my scene from my room and I'm very happy."

People were able to continue to practise their faith and attend their usual place of worship. Opportunities to speak with a minister or receive communion was provided in the home. One person told us, "A preacher visits here and if we want to go, we can. Not everyone does but it's good that we have the choice." A member of staff said, "We ask people how they want to practise their faith and make the necessary arrangements. Some people like to go to church and we make the arrangements so they can still go. It's important if people have links that these are maintained, not just to go to any church." People were supported to visit family graves and leave flowers. One member of staff told us, "It's important that people can pay their respects to family. It means a lot to them."

Where people remained in their rooms and may be at risk of social isolation, we saw staff spent time with them. One member of staff told us, "We will sit with people, read the newspaper or a book or do what makes them happy. We have information about what people like and want and will tailor our activities around this. Even when people are poorly in bed, it is important they are not alone and isolated."

People and relatives were confident any concerns would be dealt with. None of the people we spoke with had made a complaint, but they were confident that they knew who to speak with if they had any concern. People told us they were listened to and one person told us, "If I had any problems I could speak with any of the staff and I know it would be resolved." We saw where concerns and complaints had been raised they were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales.

Is the service well-led?

Our findings

People were happy with the quality of the service they received and told us they continued to live the lives they wanted. One person told us, "I see my family and I have a lovely home and feel safe. I actually do more here than I did at home so it's like having a new lease of life." People were able to comment about how the service was managed at 'resident meetings'. One person told us, "I was in a meeting last week and most people attended. We had an opportunity to discuss what was going on and what happens here. You don't have to attend but I do. Everyone gets a copy of the minutes so they can see what was discussed." Another person told us, "We talked about the menu and whether we were happy with the meals provided and about where to go when we go out. Sometimes people have a moan but the way I see it, if all we have to moan about is whether the veg is a little too crunchy for some people's taste then I think we are fine. It is nice that we can say what we feel though and they always do something about it"

There was a registered manager in the home and people and staff felt they were approachable. One person told us, "Nothing is too much trouble for her. She doesn't hide away and is always interested. The manager and all the staff are first rate. You can tell she runs things properly by how happy the staff are and how well everything gets done." The providers of the service took an active role in the management of the service. One person told us, "The owners are lovely. They make sure we have everything we need. They know everyone's name and always speak to us and ask about our family. They genuinely care; you can tell." Staff were complimentary about the registered manager and providers. One member of staff told us, "We get all the support we need and more. Many of us have been here for a long time and we work well together. All the staff are dedicated and it's a pleasure to come to work here."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, health and safety and care records. We saw checks were made to ensure people received their medicines and included observations of how controlled drugs were administered to ensure two members of staff were involved. Where people used an air pressure mattress, these were checked weekly to ensure they are at the correct setting to reduce the risk of skin damage. Where concerns with quality were identified, we saw action was taken. Accidents and incidents were audited to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a re-occurrence.

People were able to share their views and the provider took action to improve their experience of the service. The quality assurance system included asking people, relatives and staff about their experience of the service in the form of a satisfaction questionnaire. The provider and staff were proud of the service and the quality of the service provided and this was reflected in the responses from people. We saw there were many thank you cards and comments from people included; 'The food was excellent and the cooks were so obliging. Whatever I had was hot and delicious.' 'I had a lovely welcome from the staff and the home is so welcoming.' 'You are the most amazing team of staff. A perfect home with a lovely welcoming atmosphere.' 'You made [person who used the service] feel safe and that gave us tremendous peace of mind.'

The registered manager and providers understood their legal responsibility. They ensured that the local authority's safeguarding team and we were notified of incidents that had to be reported and maintained

records of these for monitoring purposes. They demonstrated a good understanding of their responsibilities as registered people.