

North Staffordshire Residential Homes Limited

Heyfields Nursing Home

Inspection report

Heyfields
Tittensor Road
Tittensor
Staffordshire
ST12 9HQ

Tel: 01782373584

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heyfields Nursing Home provides accommodation and nursing care for up to 46 people some of whom were living with dementia. At the time of our inspection 46 people were living there.

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

People were not always safe as the systems and procedures at Heyfields Nursing Home were ineffective in identifying improvements needed in safety.

People were at risk of not always receive their medicines safely. This was because the providers systems for monitoring the safe storage of medicines was ineffective.

People did not always have their personal and private information kept confidential.

Not all parts of Heyfields Nursing Home were safely maintained.

The provider's quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had individual assessments of risk associated with their care and support.

Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

People received help and support from a kind and compassionate staff team with whom they had

developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities in which people lived.

Rating at last inspection

The last rating for this service was 'Good' overall with requires improvement for the 'Effective' domain (published 29 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to the overall governance at Heyfields Nursing Home.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heyfields Nursing Home on our website at www.cqc.org.uk

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heyfields Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. 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

Heyfields Nursing 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four relatives about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including, the registered manager, deputy manager, nurse, two carers, the cook and one member of the domestic staff a hairdresser and a visiting faith leader. We also spoke with the provider.

We reviewed a range of records. This included six people's care records including the records of medicine administration. We looked at one staff file in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'Requires improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at risk of receiving unsafe support with their prescribed medicines. We saw regular recording of the room temperature where some medicines were stored. The guidance in place by the provider was the temperature in the room should be at or below 25 degrees Celsius. We saw recent readings where this temperature had been exceeded for a continuous period of six days. Following us raising this concerns with the registered manager and the provider they contacted the necessary healthcare professionals to identify what action, if any, was needed to keep people safe.
- Neither the registered manager or the provider was aware of these excessive temperature recordings and had therefore not acted to ensure medicines remained safe and effective.
- When we entered the medicines room, which was unlocked, we saw there was a medicines fridge which was also unlocked and contained medicines. We asked a nurse about this and they told us it was an oversight and should have been locked. The nurse then locked the fridge to keep people safe from accessing these medicines.
- Staff members told us they were trained and assessed as competent to safely support people with the medicines. However, none of the staff members had identified or passed on concerns about the potentially unsafe storage of medicines.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members. However, this system was ineffective as it failed to identify and address the concerns we found regarding people's medicines.

Assessing risk, safety monitoring and management

- People were not always safe as the provider's risk management processes were ineffective. For example, throughout the main house, there were sections where the hot water pipes which led into radiators were left unprotected. This put people at the risk of injury should they come into contact with the pipes.
- In addition, we saw a portable battery pack was being charged on a window sill. The electrical wires to this charging unit were intermingled with the metal hot water pipes which fed the radiators in a communal corridor. This put people at the risk of injury should the electrical wiring insulation be compromised by contact with the hot water pipes. The provider was informed about our concerns and took action to remove the electrical wiring.
- We saw people had access to a disabled toilet in the annex at Heyfields Nursing Home. Albeit at this inspection the provider told us no one used it, they still had access to it as it was off a main corridor and near

to people's bedrooms. In this bathroom was a large, heavy, fire door which had been propped in an upright position against a wall without any fixing points to secure it. The risk of this falling and hurting people had not been identified or mitigated by the provider or the management team.

- People were supported to identify and mitigate risks associated with their care and support. These included risks to people's mobility, diet and nutrition.
- Despite our findings people told us they felt safe at Heyfields Nursing Home. One person said, "They [staff] are very careful how they look after us. They have regular fire alarm checks and should anything happen to us I know the staff would look after us."
- Staff members knew the risks associated with people's care and support and knew how to keep people safe.

Preventing and controlling infection

- Staff members, the provider and registered manager told us they had received training in infection prevention and control. In addition, we saw the provider completed checks regarding infection prevention and control. The last such quality check, the registered manager provided, was completed in 2018.
- All those we spoke with, and their relatives, were very happy with the overall cleanliness at Heyfields Nursing Home.
- Staff members told us they had access to personal protection equipment including gloves and aprons which people confirmed they used when it was appropriate.

Learning lessons when things go wrong

- The management team told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed. However, this was not used effectively as the issues we identified at this inspection had not been identified or addressed by the provider.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. One person told us, "When you press your buzzer they come but it depends on how busy they are. I think there are enough staff around." We saw people were promptly supported when they needed or requested it.
- Throughout this inspection we saw staff members engaging with people in a valuing and personal way. This indicated to us staff members were appropriately deployed to effectively meet people's needs and they also had time to socialise with people.
- The provider followed safe recruitment processes when employing new staff members.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected and free from abuse at Heyfields Nursing Home.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question had improved to 'Good.'

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- At our last inspection we identified the provider did not always complete individual assessments of capacity for people before decisions were made on their behalf. At this inspection we saw the provider had completed the appropriate assessments. In addition, they had made appropriate applications to deprive a person of their liberty and had systems in place to ensure any renewed applications were made in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best

support them. This included, but was not limited to, people's religious and cultural backgrounds and preferences.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received appropriate training and who felt supported by the provider and the management team. One person said, "You can't fault them [staff]. Even the newer ones seem like they've been doing the job for a long time." Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and basic food hygiene.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

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

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when.
- People were supported with their meals where they chose. Those we spoke with told us they were very happy with the food provided and it was a good quality. One person said, "The food is absolutely fantastic here. I've eaten in many London restaurants but its best here."
- When people needed assistance, this was provided at a pace to suit the person.
- The catering staff were knowledgeable about peoples likes and dislikes and any dietary needs including softer food options.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Heyfields Nursing Home.

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

- We saw people moving safely and independently around Heyfields Nursing Home. When people needed additional support to orientate themselves we saw this was provided in a supportive way.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, physiotherapists, speech and language therapists. When it was needed people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way, to meet their personal health outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'Requires improvement'

This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People did not always have their personal and private information kept confidential by those supporting them.
- Information was displayed on two notice boards in the office areas, however the information was clearly visible in the communal areas. This information contained the name of the person, their room number, their Do Not Attempt Cardio Pulmonary Resuscitation Status (DNACPR), any Deprivation of Liberty application status and their personal end of life prognoses coding. This is information which should remain confidential to the person and not generally displayed.
- We asked a staff member what the purpose of displaying this information was. They told us they used it as a prompt for staff members during their handovers. They went on to say they could have achieved this using an alternative method but hadn't considered it.
- We raised this concern with the provider who told us this had been up for years and no one had ever commented on it. However, by the end of this inspection site visit, this confidential and personal information had been covered up preventing those, without authority, from accessing it.
- This did not demonstrate dignified care as information personal to the person was on display for anyone living at or visiting Heyfields Nursing Home to see.
- People told us they were supported by staff members who always respected their privacy when undertaking personal care.
- People received support to retain their independence. One person said, "They [staff] really looked after me to the stage of me being able to do things more myself, such as going from walking with a frame to using a stick."

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

- People told us they were treated with care by a helpful, kind and considerate staff team. People described staff members as, "Loving," "Nice," and "brilliant."
- All those we spoke with were complementary about the staff supporting them and the management team.
- All staff members, we spoke with, talked about those they supported with fondness, compassion and genuine positive regard.

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

- People told us they were supported to make decisions about their care and support. For example, we saw people were involved in making decisions about what music to play in communal areas or at lunch times.

- People told us, and we saw, they were involved in the development of their support plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same, 'Good'.

This meant people's needs were met through good organisation and delivery.

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

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. One relative said, "[Person's name] and I did this at their home before they came to Heyfields."
- These plans gave the staff information on how people wanted to be assisted.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- These plans also reflected advice and guidance from visiting healthcare professionals.

End of life care and support

- Heyfields nursing home had achieved a platinum award for their work by a national training and coordinating centre for end of life care. This meant the work they did with people to identify their wishes as they moved towards the end of their lives were embedded into the culture and practices at Heyfields. We saw people were involved in discussions about how they wished to be cared for up to and after their death. This included advance decisions about where they wished to spend their last days and their thoughts about any potential hospital admissions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, that they could easily comprehend.

Supporting people to develop and maintain relationships to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. People told us they took part in activities which included a reading group where current affairs could be discussed. Others told us about trips to local places of interest and some people told us they just liked to relax and take part in table top activities when they choose.
- People were supported to maintain contact with families and friends. This included contact with faith groups where this had been identified.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'Requires Improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The management team had ineffective systems to monitor the quality of the service they provided. For example, staff members recorded daily medication storage room temperatures. These were not overseen by members of the management team. As a result, they failed to identify or record the action needed to ensure medicines were safely stored.
- The management team completed checks on the environment where people lived. However, they failed to recognise or mitigate the potential risk of injury associated with contact with hot water pipes or the potential risk from the unsafe storage of a replacement door in a communal disabled toilet.
- The management team completed quality checks on people's care and support plans but failed to identify the open displays of personal and confidential information.
- The registered manager and provider failed to identify the last rated inspection rating was missing from the communal area. This was later found and replaced but their checks to ensure they were compliant with the law had not identified this until we pointed it out to them.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law on Heyfields Nursing Home website albeit it was initially missing at the home itself.

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

- People told us they had a positive relationship with the management team who they found to be available and engaging. Everyone we spoke with was complementary about the management team and felt supported by them. One person said, "I think it's excellent here, I like the staff, and they are all very friendly,

courteous and polite."

- Staff members we spoke with, told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed because of any specific incident or near miss. The registered manager kept a 'learning log' of incidents or near misses which they, as a staff team, could learn from.

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

- People were involved in decisions about their care and support and were asked for their opinion. We saw people were regularly involved in discussions about where they lived, and their opinions were valued. We saw people were kept informed about changes to the physical environment and the provision of a new extension to Heyfields Nursing Home.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy.
- They were confident they would be supported by the provider should they need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, Tissue Viability Nurse teams and local faith groups.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality checks were not effective in identifying the issues we found at this inspection.