

North Staffordshire Residential Homes Limited Heyfields Nursing Home

Inspection report

Heyfields
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heyfields Nursing Home is a nursing home providing personal and nursing care for up to 58 people. The service provides support to younger and older people, some who may be living with dementia. At the time of our inspection there were 53 people using the service.

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

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 were safeguarded from the risk of harm, and risks were assessed and managed in a safe way. There were enough staff to meet people's needs. Medicine management had significantly improved since our last inspection; lessons had been learned when things had gone wrong and improvements made. The home was clean and there were measures in place to reduce infection prevention control risks.

People told us they felt very well cared for and we observed caring interactions between people and staff. People had their dignity and privacy respected and were encouraged to be as independent as possible. People were consulted about their care.

There were governance systems in place to assess and monitor the quality and safety of the service. The registered manager was visible and approachable and was passionate about ensuring people received safe and effective care. Staff felt valued and listened to; people and their relatives also confirmed they were engaged with service and consulted for feedback about the care at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

This inspection was prompted by a review of the information we held about this service which indicated improvements had been made under the key questions safe, caring and well-led. As a result, we undertook a

focused inspection to review these key questions only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heyfields Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heyfields Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative. We spoke with eight members of staff including the provider, the registered manager, nurses and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Heyfields Nursing Home. One person said, "I am very safe. I have specific needs which I need support with; they [staff] are always there." Another person said, "Yes, I do feel safe here."
- Staff were trained to recognise and respond to concerns of abuse and felt any concerns raised would be addressed appropriately.

Assessing risk, safety monitoring and management

- People had received a robust assessment to ensure any identified risk was recorded and planned for. People who had specific health conditions had clear plans in place to help staff support them in the most effective and appropriate way.
- Staff knew of people's assessed risk and told us about the actions they took to ensure they kept people safe.
- There were regular checks of the premises and equipment used to ensure people did not come to any avoidable harm.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us they generally received support in a timely way, and we did not observe people waiting to receive care during our inspection.
- Staff were recruited safely and appropriate pre-employment checks were carried out before staff commenced their employment at the home. For example, staff were subject to Disclosure and Barring

Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The systems used to ensure people received their medicine in a safe way had significantly improved since the last inspection.
- Medicines were stored and disposed of safely, and stock was reviewed to ensure people had a safe amount of medication available to them at all times as required.
- There were 'PRN' protocols in place for people to receive medication on an 'as needed' basis which helped nursing staff to determine the frequency and effectiveness of prescribed PRN medication.

Preventing and controlling infection

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

Visiting in care homes

The provider had followed government guidance in relation to safe visiting at the home throughout the pandemic and had adopted different practices as government guidance had changed throughout the pandemic to ensure people were still able to see visitors.

Learning lessons when things go wrong

- Improvements had been made throughout the home since the last inspection based on feedback received at this time.
- There were mechanisms in place to ensure other lessons were learned when things went wrong. The registered manager reviewed accidents and incidents to assess for learning points and this learning was shared with staff to mitigate the risk of future occurrences.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were afforded kindness and compassion.
- People were unanimous in their opinions about the quality of the care at the home. Comments included, "They [staff] are very kind", "If you have to live in a nursing home, this is the place to be. I couldn't wish for a better home", and "I couldn't be in a better place; there couldn't be a better home anywhere. Everyone is looked after properly."
- We observed staff taking the time to speak with people and engage them in meaningful conversation. People responded with smiles, laughter and appropriate touch.
- People were asked about support needs relating to protected characteristics. This was documented in people's care plans and staff were aware of the importance of ensuring people's needs were considered and met in line with their support plans.

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

- People told us they were involved in their care and were able to express their views, and make decisions about how they wanted their care delivered. One person said, "Staff always ask me if I am ok; day or night."
- Staff confirmed with us they were considerate of people's needs and choices. One staff member said, "We always ask people what they want or think, we give them the choice for everyday things."
- People were invited to share their feedback about the home in forums such as resident's meetings. A person told us, "We do have residents' meetings; they have just started up again." We saw meeting minutes which took on board what people had said, and actions were put in place to address people's requests and feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their dignity and privacy. One person said, "I get supported to have a bath, and staff help me with all the equipment I need. I need staff who are specifically trained to help me due to my condition; the staff are very careful and do it right." Another person said, "Staff always respect my privacy and dignity."
- Staff we spoke with were able to tell us the ways in which they supported people to maintain dignity and respect privacy. For example, one staff member said, "I always ensure curtains are closed and bathroom doors are closed. One resident does not like the bathroom door closed fully so we open it a little bit but we always ensure we put towel over their lap."
- We observed staff promoting people's independence and people confirmed staff did this well. One person told us, "It's very much a question of enable not disable. They [staff] try to enable me to keep walking."

Another person said, "They [staff] don't force help on you. So, yes I am encouraged to do what I can."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems in place to assess the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear staff structure in place and staff were clear about their roles and responsibilities. A staff member said, "It is how the home is organised, you know what you're doing, you know the routine, and everything just follows on." The registered manager said, "We have a clear structure going throughout the day. I work with staff who have the same ethic as me and we all work well as a team; I have a lot of faith in my staff."
- Audits were completed regularly by the registered manager. The home was also subject to additional quality and safety checks by an external auditor, twice a year to ensure the home's quality assurances processes were effective.
- The registered manager understood their registration, and regulatory requirements. The previous rating of the service was on display within the home, and on the website.

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

- The registered manager had been in post at the home for many years and was dedicated to ensuring people at Heyfields received high quality care. They said, "We have set values. We strive for the highest standard of care. Our team are all working towards the same goal; person centred care."
- People described Heyfields Nursing Home as being a good place to live where the provider and registered manager were visible and approachable. One person said, "I see matron on each unit. If you needed to you would ask to speak to the matron who is very busy but would always come and see us." Another person said, "Matron and the nurses are on each unit but the owner, [name] is always around and they are amiable; you can ask them anything. There is no staff here that you can't talk to."
- Staff also spoke positively about the management at the home as supportive and described the home as, organised, happy and a good place to work.'
- The provider and registered manager had worked together to make improvements at the home and told us how they shared ideas and learning with each other and the wider staff team to continue to make

Heyfields a good place to live.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations under the duty of candour and told us they operated in manner which was, "totally open and honest."

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

- Resident and relative meetings were held and we reviewed minutes of meetings where actions were taken as a result of feedback given. For example, people discussed the variety and quality of food on offer and put forward ideas as alternative meal suggestions. We saw this had been considered by the kitchen staff and menus varied to suit people's wishes.
- Staff received daily handovers between shifts to ensure they were kept up to date with people's needs in order to be able to provide effective care.
- Staff also received information through team meetings and were engaged in supervisions where they were able to share information, ideas and concerns.
- In the height of the COVID-19 pandemic, relatives were given updates about their relative's wellbeing over the phone, and through video calls. The home's social media page was utilised as a mechanism for families to see their relatives still engaging in safe, social activity in the home. A relative said, "They [management] are good with communication."
- There were staff incentives in place. The registered manager said, "Staff have all recently had a pay rise as we recognise to keep the staff we have; who are really good, they need to be rewarded."

Working in partnership with others

- The provider and registered manager had forged good working relationships with other professionals from different organisations to improve the quality of care people received. For example, GPs from the local surgery facilitated weekly visits to ensure people's health needs were met. We reviewed records which evidenced other professionals had visited the home, and where people had been escorted by staff to hospital, for example.
- The staff team had built good community links and people were being supported to explore these with the easing of the COVID-19 restrictions.