

Heartwell Care Ltd

# Heartwell House Residential Care Home

## Inspection report

32 Shaftesbury Avenue  
Leicester  
Leicestershire  
LE4 5DQ

Date of inspection visit:  
27 September 2017

Tel: 01162665484

## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 27 September 2017 and the visit was unannounced.

Heartwell House Residential Care Home is a care service providing accommodation and support for up to 13 people with learning disabilities or mental health conditions. Accommodation is on three floors with a staircase for access. There are 11 single bedrooms and one double bedroom situated on the first and second floors with stairs for access. There are two lounges and a dining room at the service.

At the time of our inspection there were 12 people using the service.

Heartwell House had a registered manager in post. 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.

At the last inspection on 7 January 2016 the service was rated Requires Improvement in Safe and Effective. At the follow up inspection in June 2016 we returned and saw these two areas had improved and were rated as Good.

At this inspection we found the service remained Good.

People had their support needs assessed and were involved in the development of their care plans. Staff had access to people's care plans and received regular updates about people's changing needs. Care plans were updated and included changes to people's support needs. People attended routine and specialist health checks.

People felt staff were kind and caring. People felt their privacy and dignity was respected in the delivery of care and their choice of lifestyle. People were aware of their care plans and were involved in care plan reviews. Staff prompted people to make choices and respected their decisions.

People were provided with a choice of meals that matched their dietary and cultural needs and choices. Staff ensured people were able to maintain contact with their family and friends and visitors were made welcome at the service. There were sufficient personalised and culturally appropriate activities provided on a regular basis. People felt they could raise any issues or concerns with the registered manager or staff.

Staff were subject to a thorough recruitment procedure that ensured they were qualified and suitable to work with the people using the service. All the staff received an induction and then on-going training for their specific job roles. Staff were informed about, and were able to explain, how to keep people safe from abuse. Staff were aware of whistleblowing procedures and how to report suspected abuse to external bodies and

follow up alleged incidents. Staff were available in adequate numbers to meet people's support needs.□

Staff told us they had access to information about people's care and support needs and what was important to people. People and staff felt they could make comments or raise concerns with the management team about the way the service was run and were confident these would be acted on.

The service promoted equality and diversity and management followed the provider's policy on delivering a culturally appropriate service. The staff team was made up of people with a range of skills including the ability to cook culturally appropriate food and speak a number of local languages.

There was a clear supportive management structure within the service and staff knew who to contact for advice out of hours. The provider undertook quality monitoring of the service and was supported by the registered manager and staff. Staff were aware of the reporting procedure for faults and repairs and had access to maintenance services to manage emergency and other repairs.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. We received positive feedback from a health professional with regard to the support offered to people.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Heartwell House 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contract with the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 27 September 2017 and the inspection was unannounced. The inspection team consisted of one inspector.

During the inspection we spoke with five people who lived at the service. We also spoke with the registered manager, acting manager and three care staff. The provider has decided to register a second manager at the service and had employed a person in an 'acting' position until their registration can be confirmed.

We observed the support offered to people in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

## Is the service safe?

### Our findings

People told us they felt safe One person said to us, "There's no bullying here the [staff] are all helpful people."

The provider had policies and procedures about how staff should safeguard people. Staff had this information which they could follow if they had any concerns about a person being at risk. There was also a policy on equal opportunities which helped ensure people who used the service were protected from discrimination.

Staff we spoke with understood their responsibilities to keep people safe from abuse. Staff confirmed and records demonstrated staff had received regular and detailed training that ensured they recognised the signs when people may be at risk of harm. Staff said if they suspected or observed anyone being abused they would share their concerns with the registered manager or the staff in charge at the time.

Staff were aware of whistle blowing and were able to explain the process they would undertake if their concerns were not followed up by the management of the service. Staff were also aware who they could report concerns to, which would ensure people were protected. The registered manager was aware of their responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required.

People told us there was enough staff to ensure people were safe. One person said, "The staff are here to help, I feel safe with them." Staff told us they believed that staff were employed in adequate numbers to ensure people were safe. They said there was usually staff present in communal areas to ensure people were supported at all times. A member of care staff told us, "There are enough staff to ensure they [people] are safe."

The registered manager told us they used a staffing calculator to ensure there was enough staff to meet people's needs throughout the day and night.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service, and annual checks were made to ensure staff remained safe to work with people.

Risks to people posed by the environment were documented and included hot water temperatures being regulated and radiators being guarded to reduce the risk of scalds and burns. People in the home were independent so few adaptations to the environment had been required, but the registered manager stated these would be introduced if they became necessary.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and all staff who administered medicines had received training. Following their initial training staff had their competency to administer medicine checked four times a year,

which ensured their practice was up to date and safe. We saw staff followed written guidance which ensured people were given the right medicines at the right times.

## Is the service effective?

### Our findings

People told us they felt care staff were trained to provide a good service. One person said, "The staff are very supportive, they are trained to meet our needs."

Records we viewed showed that staff had received the training and supervision they needed to provide a good effective service. Staff supervision was used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. Supervision sessions included observations by the management team. The acting manager told us this was to ensure staff were adhering to the training that had been provided, and to ensure their continued development. One staff member said, "I've had a lot of training since I started here." A second member of staff added, "We have the manager supervise us when we do the job, they've checked when I've gave the medicines out to make sure I have done it correctly."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. People's consent was sought and one person told us, "They ask what help you need." People's consent and ability to make decisions had been assessed and recorded in their care plans. It was clear what specific decisions people were unable to make and where staff had to make informed choices on people's behalf.

Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the Act. The registered manager had arranged DoLS authorisations for people who required them.

People were supported to maintain their health. A health professional told us, "This is the best care for [named the person] I have seen yet." People were encouraged to attend their GPs by visiting the local surgery, though home visits were arranged when necessary. Care plans identified people's health needs and provided staff with guidance to ensure these needs were met.

People were supported to have enough to eat and drink. One person told us, "The food is very good we have a choice of three dinners, if there's something we don't like they [the staff] will get something else." A second person said, "The food is beautiful and I would give the food three stars."

People were offered regular main meals and snacks throughout the day. Breakfast in the morning was



followed by a mid-morning drink and biscuit, a snack lunch and mid afternoon snack such as rice pudding. Dinner was planned for around 6.00pm when the main meal was served offering culturally appropriate choices. People had the choice to eat their meals in the dining room, one of the lounges, or in their bedrooms. We saw that people were able to make their own drinks, and additional drinks were offered regularly throughout the day of our visit. Where dietary restrictions were necessary people had been referred to their GP or specialist for advice. Specialised diets such as diabetic diets were provided for people who required them.

It was clear people from different ethnic backgrounds to the main group of people used the service. Staff catered for all the people in the home and ensured meals were provided that reflected all the people's cultural backgrounds. This was ensured at the 'resident day' which happened once every two weeks, and on occasion more often which ensure their cultural needs were met.

## Is the service caring?

### Our findings

People we spoke with were positive about their relationships with the staff group. One person said, "I am ok, the staff help me here."

People were involved in the support that was offered by staff. We saw examples of this in care plans where staff asked people how they wished to be addressed and were asked if they wanted staff to check their wellbeing during the night. That demonstrated that staff involved people in the support they required.

We observed people were treated with kindness and compassion by a caring staff group. We saw staff interacted positively with people throughout our inspection visit which confirmed that staff were caring and helpful and people were treated respectfully. We observed there was a calm and relaxed atmosphere in the home which allowed meaningful conversations between people at the service and staff.

Staff told us how they assisted some people with personal care and the steps they took to preserve their privacy and dignity. This demonstrated staff took steps to provide caring and respectful support to people.

We heard a person and member of staff discussing a trip out that was planned for later that day. They were looking forward to being accompanied to the local Diwali celebrations in the evening. They had a long conversation about the lights, the large number of visitors and the catering around the festival.

We saw staff greeted people in a friendly way when entering communal areas and people were provided with a choice of place to sit. We saw care staff had a good relationship with people and engaged with them in an empathic way. People were supported to be independent and had access to information about advocacy.

Staff recognised the importance of people's individual privacy and ensured bedroom doors were lockable. People told us they had the option to lock their door at night but chose not to do so. Individual bathroom and toilet doors could also be locked when the rooms were being used. This demonstrated that people's privacy and dignity was considered at all times by staff.

A member of staff said, "I know when I help [named person] with their personal care, they like me to stand outside the door."

## Is the service responsive?

### Our findings

The support people required was assessed before they moved into the service. People's care plans included information that informed staff about the level of support and prompting they required to ensure their individual needs were met. People told us they had seen and agreed their care plans. One person said, "Sometimes I look at the [care] plan on my resident day." 'Resident days' are where staff ensure each individual person has their care plan reviewed, room deep cleaned and a special meal prepared on a regular basis.

Care plans had detailed information about people's individual preferences and support needs. This included information about what was important to each person, their health and details of their life history. We reviewed care records and found that people received the care they agreed to which was detailed in their care plan. People and, when appropriate, their relatives were involved in planning and reviewing their care. This ensured that the support people received continued to meet their needs.

Staff were aware of people's individual needs. One member of staff spoke to us about the allergies one person had, they told us this information was included in the care plan and all the staff were aware of this was included in the catering information for staff. Where people displayed behaviour that may put themselves or others at risk, staff had clear guidelines on how to support them. Staff understood how to minimise people's anxieties and used positive strategies to help people remain calm. Care staff understood the importance of promoting equality and diversity.

People were encouraged to take part in activities that they enjoyed and were meaningful to them. One person said, "The staff look after us we are going to the Diwali lights tonight." Another person told us, "We play games and do Bhangra [a form of Asian dancing]; I took part in the Bhangra yesterday." We saw there was an exercise session taking place during our inspection visit, which some of the people joined in. Staff later confirmed this was a daily occurrence and something people enjoyed.

People said they liked spending time in their bedrooms, watching television or going out to the local shops. People's care plans identified their interests and the activities they enjoyed which helped to ensure staff encouraged them to take part in these activities. People talked about trips out in the mini bus and to the pub and for meals.

People told us they felt able to approach staff if they needed to raise any concerns and were confident that staff would be addressing these. One person told us, "Staff will sort out any problems for me."

The provider had systems in place to record complaints. People we spoke with said they knew how to make a complaint. Records showed the service had received nine complaints in the last 12 months, which included 'minor' comments made by people. These had had all been investigated, and a written explanation sent to people where necessary. Feedback about complaints was provided for staff through staff meetings and individual supervisions where needed. Changes were made to the service as a result of complaint outcomes which showed that people were listened to.

## Is the service well-led?

### Our findings

People we spoke with during the inspection gave us positive opinions about the service, management team and staff.

Staff were provided with the guidance and direction they needed to develop good team working practices. We found that there were regular handover meetings at the start and end of each shift where staff were provided with information about changes to people's support needs. Care staff told us they were assured that they could speak with the registered manager if they had concerns about any aspect of the service.

Staff had praised the management team. One staff member said, "The [registered] manager is very supportive."

People told us there were regular residents' meetings. One person said, "I know there are meetings, but don't attend them often." People's relatives were also invited to the meetings and the provider also made them aware of 'open door surgeries' where relatives could meet the management team. We saw these had been held regularly and to further improve communication the acting manager told us the staff were producing a newsletter which would be distributed to people and their relatives.

Documents showed that people, their relatives and visiting professionals had been invited to complete questionnaires on the quality of care that was offered. Some comments had been received from a relative who asked to have the person living in the home out late at night. This required some changes to the person's medicine administration time, which was then arranged with the appropriate medical professional.

Quality assurance checks were regularly undertaken and included making sure that support for people was being provided by care staff in the right way. People's care and support plans were checked on a fortnightly basis to ensure they were up to date. Checks revealed medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed to support people. In addition other quality assurance records showed that fire safety equipment was checked regularly to ensure it remained in good working order.

We received positive feedback from a visiting health professional with regard to the support offered to people. They told us the registered manager and staff listened and acted on advice and made changes where necessary to positively support people and improve the quality of their lives.

The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. They continued to notify us of some important events that occurred in the service which meant we could check appropriate action had been taken.