

Heatherfield Nursing Home Care Home Service

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Armadale
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Telephone: 01501 733 066

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Heatherfield Community Care Ltd

Service provider number:

SP2003002461

Service no:

CS2003010642

About the service

Heatherfield Nursing Home is a care home service which is registered to provide 24 hour care for up to 60 older people. The home is situated in a residential area on the outskirts of Armadale in West Lothian and is set in pleasant gardens with open outlook across fields.

The service is provided in two buildings, each divided into smaller group living units which have their own lounge and dining areas, bathroom and small kitchen. There is a separate building for laundry and a central kitchen where the majority of food is prepared and cooked.

The service employs registered nurses and social care workers to provide care and support to the residents.

Since the last inspection the service had been commissioned to provide intermediate care for up to eight residents. At the time of inspection Heatherfield had been providing the service for approximately nine months.

The Aims and Objectives of the service state that it aims "to provide a high standard of individualised care to all its service users" and service users are "treated with care, dignity, respect and sensitivity to meet the individual needs and abilities".

What people told us

Prior to inspection we sent out 80 Care Standards Questionnaires (CSQs) to residents, relatives and staff, in order to gather views about the service. Of these, 11 were returned. We also spoke with residents and relatives during our visit to the care home. Comments from the CSQ's and speaking with people included:

"My relatives live in the care home. I am very impressed by the friendliness of the staff. The staff always join in when entertainment is on offer. I am so pleased with their care"

"I have no hesitation in recommending Heatherfield and hope it is still there in this excellent format if I ever need a nursing home"

"The staff are very caring, nothing is too much bother"

"It is much better here than the last place, it was just not suitable. This is much better. I am well looked after"

"The staff think about my relatives likes and dislikes and are very good at making sure my relative gets what they like"

"I have no complaints about living here, it is all very good from manager to cleaning staff all wonderful"

"I can't do everything I used to but the staff make sure I have everything I need"

"I would like to go home but I know I must stay here. Everything here is as good as it can be, I have no complaints"

"My relative received the best care possible from when they first went into the care home until they passed away. I could not have asked for a more kind, caring team of people to look after my relative"

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

Our observations at Heatherfield Nursing Home led us to the conclusion that people were looked after and supported by a team of kind, caring compassionate staff. We carried out a Short Observational Framework (SOFI2) to assess the interaction of staff with residents who are unable to express their views or opinions. We found the interactions to be warm and comforting with staff providing safety and security in their care and support of residents, whilst providing the opportunity for enabling independence.

Mealtimes should be a positive and enjoyable experience for residents. The environment offered smaller dining areas for residents to enjoy their meals. We observed the mealtime to be organised with a sense of calm. Meals were attractively presented and residents said that they enjoyed the meals. We were also told that there were good meal options on offer along with alternatives if they wished something different from the menu. We were pleased to see that there were now menus on the tables and that residents and staff were involved in discussing the meal choices on offer. On one occasion when we observing, we felt that there could be more staff available in one particular unit when an incident occurred which took some staff away from the mealtime. The provider should consider the deployment of staff within the units to support residents when there are unexpected events that take staff away from the mealtime support.

People should be able to have an active life and the choice to participate in a range of recreational, social and physical activities every day. We saw that there were opportunities for people to participate in short timed activities in addition to the planned activities and outings taking place. Staff engaged with residents in a range of activities however, we felt that to achieve further health benefits, residents could be encouraged to participate in activities which enabled more movement and promoted people's independence. An example of this could be helping with some domestic tasks, such as bed making and setting the table. We signposted the manager to the Care Inspectorates project called Care About Physical Activities (CAPA). This resource encourages more movement more often involving everyday tasks and activities.

It is important that people receive the right prescribed medication at the right time for them in order to maintain and support their health and wellbeing. We carried out an audit of medication recording and administration and found that very good systems were in place to support people with their medication. Where people were prescribed 'as required' medication for stress and distress situations, this was well recorded with strategies and interventions documented, guiding staff to actions prior to administering 'as required' medication.

We saw from records that various health professionals were routinely involved with people, for example regular visits from community nurses and local GP's who visited regularly with people on a weekly basis if required. Due to this consistent approach, this meant that the professionals supporting the service were well acquainted with the needs of people. Reviews of medication and other interventions were undertaken periodically. This demonstrated that any changes to people's' health were considered and actioned effectively.

At the previous inspection we asked the provider to consider how they quality assure the service they are providing to ensure good outcomes for residents. We found at this inspection the provider had undertaken a review of the audit and quality assurance process and were clearly documenting the outcomes achieved from the audits. This gave a clear indication if outcomes for people had been achieved or if changes needed to implemented as a result of the audit carried out.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We would expect information within care plans to lead and guide staff to provide the care and support required based upon individual choices and preferences and needs. We found the care plans to be 'a work in progress' at this inspection.

The information within the current care plans leaned towards more clinical information and did not fully support the social aspect or give a sense of the person. The manager however, was in the process of introducing a new format for recording information 'about the person'. This format offered a more person led approach to the information to be gathered and, gave more of a sense of the person to receive care and support recording their choices and preferences.

Within the daily and monthly records of how the person had been supported, there was good information which recorded a summary of the persons' day and month in terms of their health and wellbeing. We found this to be a good example of how care staff can record reflectively on the care and support provided and how outcomes for residents are being achieved.

The views and opinions of residents, families and relatives are important to inform the care planning process and ensure the right support is being delivered for that person. We saw that there were regular relative meetings with follow up actions recorded.

Our observations and information we received led us to acknowledge that in practice, end of life care and palliative care was very good. However the meaningful information that leads staff to carry out end of life care in a way the resident and their families would wish, was not always well recorded within the care plan. The provider should consider the training staff require to approach this sensitively and confidently with residents and relatives and, to ensure end of life and palliative care wishes of the resident and their families are well recorded within the care plan.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

1. The provider must develop a more robust system of internal auditing to ensure effective oversight and monitoring of all aspects of the service including all care and support records.
 - a) The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
 - b) The outcomes as a result of any audit are clearly recorded.
 - c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
 - d) Subsequent action plans are reviewed and updated to completion.

Timescales: with immediate effect and to be fully implemented by 30 September 2017.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users.

This requirement was made on 26 June 2017.

Action taken on previous requirement

The service had implemented a new system and process for quality assurance and audit. This enabled the service to have a robust overview of quality assurance, what actions were required, when they were completed and any learning or outcomes identified from the process.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

It is recommended that the provider ensures that bathrooms throughout the care home are redecorated to a standard that ensures the comfort, cleanliness and safety of residents.
National Care Standards, care homes for older people, Standard 4; Your environment

This area for improvement was made on 26 June 2017.

Action taken since then

The service had redecorated all the bathrooms within the building. These were more user friendly and afforded more comfort. All staff information notices had been removed. Candles and pictures ensured a more homely environment

Previous area for improvement 2

It is recommended that there is a more robust overview of the 'mini care plans' and that the manager ensures that staff are aware of their responsibilities with regard to recording of actions and care provided to residents.

National Care Standards, care homes for older people, Standard 5; Management and staffing arrangements.

This area for improvement was made on 26 June 2017.

Action taken since then

The care plans held within the residents room were being recorded well and there was a good overview of the information. A summary of care had also been introduced to enable the carers to input on the experiences of the residents care and support on a daily basis.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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