



Inspection Report on

Heathfield Lodge Ltd

**HEATHFIELD LODGE
35 HEATHFIELD
SWANSEA
SA1 6EJ**

Date Inspection Completed

3 December 2019

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Description of the service

Heathfield Lodge Care Home provides personal care and accommodation for up to 16 people who have an acquired brain injury, a learning disability, a functional mental illness or people who are living with dementia. The provider of the service is Fieldbay Ltd and Paula Lewis is the nominated responsible individual.. There is a manager in post with day-to-day responsibilities, who is registered with Social Care Wales in place.

Summary of our findings

1. Overall assessment

People living in Heathfield Lodge are happy and are supported to live their lives as they choose. Each person receives appropriate support that focuses on their needs and wishes. The home has an enthusiastic staff team who want to make a positive difference to people's lives. The environment is well-maintained and there are systems in place that monitor the quality of care provided to ensure action is taken to address areas that require improvement.

2. Improvements

The service was recently re-registered under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and any area where the home is not meeting legal requirements. They relate to the following:

We have identified the following areas for improvement which the registered person should consider to further develop the service:

- The manager should ensure all care workers attend Epilepsy training.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives, or have someone who can do it for them. We saw that care and support is provided in consultation with the person being supported, together with their families. One relative told us, *'I've always been involved. They keep me up to date all the time. It's important for me to still feel connected with X.'* Care records described each person's personal preferences, background and family history, and recorded what was important to the person. Care workers told us this helped them understand people in the context of the lives they had lived before they came to the service. We saw care workers had a good knowledge of people, and referred to each person in a positive light - it was clear they knew the people they supported very well. The manager used surveys to ask for feedback from care workers, people in the home and their relatives, and healthcare professionals involved in people's care and well-being; we saw a selection of responses and noted they were complimentary and positive about the home. Resident and relatives' meetings were held twice a year for people to raise any issues they wanted to discuss with the manager. One relative said, *'We don't go actually, but we chat to the staff every time we come anyway.'* Therefore, people are invited to contribute to the decisions that affect their lives, or have someone who can do it for them, in order to have their individual identities and routines recognised and valued.

People are supported in a safe, homely and well-maintained environment. We were shown a schedule of regular audits and safety checks that were undertaken to ensure the premises remained safe. We saw the building was easy to navigate for people to move around, especially if using a wheelchair. People told us they felt safe living at the home and we noted there was a relaxed atmosphere that helped people and their relatives feel at ease. Relatives said they were happy to know their loved ones were cared for *'by such a lovely lot of staff'* and *'know they will let us know if they need anything.'* People were supported by care workers who have been through the provider's rigorous recruitment process and who were regularly monitored to ensure that they were providing appropriate practice to meet people's needs. Care workers knew the people they supported well, including how best to support them to achieve their goals. They also demonstrated a good knowledge of the safeguarding process. This illustrates that people are safe, which means their well-being is enhanced by the environment in which they live.

People live in an environment which considers their Welsh language needs because the manager provides the Active Offer of the Welsh language. The home's Statement of Purpose and Written Guide were both available in Welsh if required and we were told that some employees were Welsh speakers. However, no one currently living in the home was a Welsh speaker. Overall, this means Welsh speaking people would be able to make informed decisions about their care and support at this home.

2. Care and Support

Our findings

Overall, people can feel assured there is an accurate and up-to-date plan for how their care is to be provided in order to achieve their best possible outcomes. Senior staff carried out initial assessments before people moved into the home so that all care and support needs could be recorded in personal plans for the staff team to refer to. Personal plans we viewed provided clear guidance for care workers on how care and support was to be provided for the person they described. Each person's care records contained up-to-date risk assessments that promoted people's well-being by empowering them to be as independent as possible. Care records were held electronically and were well organised, although currently, the provider was transferring all information onto a new online recording system. There was evidence of a multi-agency approach in care records; we saw guidelines from healthcare professionals such as the provider's occupational therapist and speech and language therapist where people's swallowing was affected. We spoke to three external healthcare professionals who were visiting the home – all were complimentary and positive about the care and support people received. We witnessed several occasions where care workers were able to give people time to talk about their anxieties. Some people were not always able to verbally express their needs and wishes; we noted that care records included information regarding preferred methods of communication so that care workers were aware of people's wishes at all times. In order to remain current, all care records were reviewed monthly, or more frequently if the person's support needs changed. This means people can expect to receive the right care and support at the right time in the way they want it, to achieve their best possible outcomes.

A clear process for medication management was in place. All medication was stored in the locked medication room. Medication administration records contained each person's photo and there were no omissions or hand-written entries in the records we viewed. Controlled Drug medication was appropriately stored and recorded. The staff training matrix showed that all care workers who administered medication had been suitably trained. Daily recordings of the medication room temperature were taken in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. We were told that no one self-medicated, but there was a policy in place should that situation change at any time. From this, we conclude that people can expect to have their medication managed safely.

People are supported to engage in meaningful activities. We saw an activities calendar which included bingo, arts and crafts, games and cooking. There was weekly timetable which included trips out into the community. In addition, we witnessed people regularly coming in and going out of the home. Although the home did not display a timetable or programme in the communal areas, weekly meetings were held where people discussed the following week's activities. An activities coordinator told us about the 'hobby hut' where people were free to join in with various arts and crafts, and interact with other people whenever they wished. One person told us, *'I like all the things we do there.'* We noted that not all activities were being recorded, but the activity coordinator was aware of this and will

ensure that all activities are recorded on the new system when it is introduced in the near future. This evidences that people are encouraged to participate in activities that are important to them.

People's nutritional health is promoted and their dietary needs recognised and catered for. We spoke with the catering staff and noted that the meals they produced were nutritious and varied. They told us that if people did not want the stated options, the kitchen were flexible in providing alternatives. We saw that each person was provided with the menu prior to the day of service in order to decide what meal they would like. The menu we viewed had a variety of options during lunch and the evening meal, including a vegetarian option, together with a 'sides' menu that appeared very nutritious and varied. There were always snacks and drinks available for people to access and we observed this on both days of our inspection. People with specific dietary requirements were catered for and we saw kitchen staff had an up-to-date guide to refer to in relation to any allergies or food preferences. From staff records, we saw that kitchen staff had adequate training and were being supported to further develop their skills in QCF (Qualifications and Credit Framework) courses. Mealtimes were conducted in a homely, calm environment where the food smelt and looked wholesome and inviting, in a room which overlooked a beautiful view of Swansea Bay. Care workers were seen interacting with people in positive ways throughout the meals we viewed, supporting people appropriately, whilst promoting each person's independence as much as possible. Overall, this illustrates that people can expect their dietary needs to enhance their personal well-being.

3. Environment

Our findings

The provider ensures that individual's care and support is provided in a suitable environment, with facilities that promotes each person's well-being. People told us they felt happy and comfortable. Each bedroom we saw was spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. The home was warm and had a choice of areas for people to use; there were three lounges and an outside garden area with decking and a lawn area where people could spend time with friends and relatives. There was a chicken coop on the lawn. We saw that people clearly enjoyed looking after and watching the chickens roaming freely in this area. This illustrates that people receive care and support in an uplifting, homely environment that helps each person to achieve their personal outcomes.

People are protected from environmental health and safety risks. Regular audits of the physical environment were undertaken, together with action plans to address any issues that arose. We saw that fire exits were free of any obstructions and records evidenced that the fire alarm system was tested on a weekly basis. There were clear instructions displayed in the home on what to do in the event of a fire. We noted that a maintenance team ensured that all maintenance, environmental safety checks and repairs were carried out as planned. We saw monthly checks of wheelchairs, beds, hoist slings and window restrictors were carried out. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. Environmental certificates confirmed that general electrical safety inspections had been carried out within the recommended timeframes and the lift was serviced as required by Lifting Operations and Lifting Equipment Regulations 1998. This evidences that people receive care and support in a well-maintained and safe environment, that helps each person to maintain their personal well-being.

Confidentiality is maintained throughout the home. Care records were stored electronically and were password-protected. Therefore, they were only available to care workers who were authorised to access them. Employee personnel records were securely stored in the provider's head office in Swansea but were made available to us on request. Other personal information that was not available electronically, such as Deprivation of Liberty safeguards (DoLS) applications and records, were properly protected, as they were stored in the manager's office in a locked drawer. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. This shows that people receive care and support in an environment where their well-being, privacy and personal information is well protected.

4. Leadership and Management

Our findings

There are clear systems in place to monitor the quality of support people receive. The home's statement of purpose accurately described what the service provided and was readily available to people and relatives. All people using the service had a copy of the written guide - this is a document that provides details of what they could expect from the home as well as details of the complaints process. People and relatives confirmed to us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. All complaints received since the last inspection had been responded to promptly by the provider - we saw emails that evidenced that each complaint had been resolved to the complainant's satisfaction. We saw documented evidence of regular visits by the responsible individual (RI) as part of their responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Records of these visits evidenced a variety of discussions with people, their family members and professionals involved in their care and were used to check the overall quality of support provided, and asked for any improvements that could be made. We saw from reports that all people interviewed during the most recent visit were positive about the home. Monthly audits included medication, infection control measures, and record keeping. From these, we saw that any issues that arose were resolved in a timely manner. Six monthly resident and relatives' meetings were held for people and family members to voice any concerns they had. From the most recent minutes, we saw that everyone who attended was generally happy with the food, their rooms, the decoration and cleanliness of the home overall. We saw that monthly staff meetings were held regularly giving care workers the opportunity to discuss service delivery and to keep up to date with developments in the service. The manager showed us how findings from incident reporting, audits and complaints were collated into a six-monthly quality of care report which identified actions to be taken. We conclude that people can expect to receive care from a service committed to developing a culture that ensures that the best possible outcomes are achieved for people.

As far as possible, the home takes appropriate steps to safeguard people from neglect and abuse. The front door to the property was locked by the use of a keypad. We noted that people who had capacity to leave the premises safely were provided with the code to exit independently whenever they wished. People who did not have enough awareness of safety to spend time outside by themselves had best interest meetings arranged and standard DoLS authorisations in place. This meant that any restrictions were minimal and had been approved in the best interests of the person. All DoLS information was copied into the relevant person's care records. We also saw that the home had access to a local advocacy service if people required independent support for any issues that affected them. Care workers confirmed to us they were aware of the whistleblowing procedure and were confident to speak up if the need arose. They said they would go to the manager initially, but would go to external agencies such as the local safeguarding office if they thought they needed to. Within employee training records, we saw that safeguarding training had been completed. This confirms that the home has systems in place to protect people from abuse and harm as far as possible.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers to provide the care and support required to achieve each person's personal outcomes. We saw that there were suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that the required pre-employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The home's induction programme was linked to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care' and care workers we spoke with felt it provided them with a good understanding of their roles and responsibilities. Thereafter, new employees told us they received regular support from the manager and the deputy manager. Employee training records demonstrated that care workers were up-to-date with their essential training, and also undertook specific training that was relevant to the people they supported. However, we noted that not all of the staff team had attended Epilepsy training. We discussed this with the manager, who agreed that it was essential for peoples' well-being for the whole staff team to receive this training. Three-monthly employee supervision records and annual appraisals showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations recorded. This demonstrates that well-vetted and trained care workers are available every day to provide the levels of care and support required for people to achieve their personal outcomes.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas on non-compliance.

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Recommendations for improvement

We recommend the following:

- The manager should ensure all care workers attend Epilepsy training.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the service on 27 November 2019 between 9.30am and 12.30 pm and an announced visit on 3 December 2019 between 9.00am and 3.30pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used: -

- We were shown around the home and surrounding grounds, observing the home environment, visiting people in their lounges, dining room and the garden.
- We met and spoke with five people living in the home and three relatives.
- We spoke with six care workers, the manager and the deputy manager.
- We received feedback from three healthcare professionals who were visiting the home.
- We examined four people's care records and three employee records and training records.
- We looked at a range of other records, including the service's written guide.
- We reviewed the service's statement of purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.
- We gave feedback to the RI on 4 December 2019.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Heathfield Lodge Limited
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).
Dates of this Inspection	27 November 2019 and 3 December 2019.
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.	

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