



Inspection Report on

Heathfield Lodge Care Home

**Heathfield Lodge
35 Heathfield
Swansea
SA1 6HD**

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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 or a functional mental illness, and who have a primary diagnosis of an acquired brain injury and/or dementia. The provider of the service is Fieldbay Ltd. There is a manager who is registered with Social Care Wales in place.

Summary of our findings

1. Overall assessment

We found that people living in Heathfield Lodge Care Home receive support that focuses on their individual needs. The manager provides good direction and ensures the staff team are well supported. Systems are in place to monitor people's support and action is taken to address areas that require improvement.

2. Improvements

- A new activities co-ordinator has been appointed.
- Medication monitoring has been developed.

3. Requirements and recommendations

- None.

1. Well-being

Summary

People are listened to and believe their views are valued. Each person's rights are upheld and their safety is promoted. People are encouraged and supported to make choices and decisions about how they spend their time. People are able to develop relationships with care workers and the people they live with.

Our findings

People are listened to and their preferences are understood. Each person was asked about their lifestyle choices in pre-admission assessments. Personal profiles recorded each person's family background and described what was important to them in their life. We saw that people were encouraged to be involved in decisions regarding their support - for example, there were monthly house meetings and peoples' families were invited to attend meetings at the home to voice their opinions about the support offered to their relative. We were shown records of the last two meetings, and noted that people were positive about all aspects of the home. For those people who did not attend these meetings, care workers met with them individually to gauge their opinions on the support they were receiving. Where people were not able to verbally convey their opinions, care workers told us how they looked for subtle changes in peoples' body language and behaviour that may indicate their preferences. We saw care workers prompting people in the lounge to choose which channel to watch on the TV to prevent any one person dominating the group, and the outcome of this was a lively impromptu discussion about TV programmes amongst the group. Families were given surveys each year and we read the latest surveys that had been returned and noted that responses were positive. Care workers regularly checked people's welfare and gave people the time they needed to talk about any anxieties; we saw one person who became very anxious during lunchtime; two care workers distracted the person expertly, until they were able to re-focus on their meal - the intervention was sensitive, non-judgemental and respectful toward the person. From this, we conclude that the support people receive is person centred because people and/or their representatives are involved in their care provision and as a result, feel listened to.

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. The manager told

us that anyone who had capacity to leave the premises safely would be provided with the code to exit 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 Deprivation of Liberty Safeguard (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 retained in the relevant person's care records. Care workers recognised their personal responsibilities in keeping people safe; they were aware of the whistleblowing procedure and told us that they were confident to use it if the need arose because they trusted the manager to deal with anything that was brought to their attention. Within employee training records, we saw that safeguarding training had been completed. The home had access to a local advocacy service if people required independent support for any issues that affected them, and we saw evidence in care records where two people had utilised advocates to speak on their behalf in meetings that affected their support. This illustrates that the home ensures that people are safeguarded.

People are encouraged and supported to make choices and decisions about how they spend their time. People were occupied in all parts of the premises, according to who they wished to spend time with. One person told us, *"I like the feel of this place. It feels like home to me now."* An activities coordinator has been appointed, who worked five days each week and planned and evaluated all activities that took place in the home. We saw that many activities people took part in were described in their care records as being activities that they had enjoyed in the past. People told us they liked going to places of local interest and we saw records that evidenced this was happening. We saw people being asked how they wanted to spend their day and discussing plans for an afternoon out in the bus - discussions included when to leave and where to go. We saw that plans were flexible and fitted in with each person's individual preferences, and were not fixed to any specific time schedule. We saw photos of people enjoying a variety of activities, such as trips into town, shopping and visiting places of local interest. From care records, we saw that people had visited Bristol Zoo, went on holiday and visited places of local interest. We also saw that entertainers came in to the home and last week, people told us they had enjoyed a Halloween party. We saw plans in progress for a fireworks party in the garden on the evening of our inspection and a trip to Cardiff was being planned for the Christmas period. All activities were risk assessed in order to keep people safe. This evidences that people are encouraged to participate in activities that are important to them.

People are able to develop positive relationships with care workers and the people they live with. People appeared to be relaxed in the company of each other, the manager and care workers. Care workers were respectful in their interactions with people, demonstrating genuine affection and we saw that people responded in kind. A keyworker system was in place to support the development of relationships between people and care workers. Care workers we spoke with told us that keyworker relationships were an effective way of ensuring that people received the support and information they needed. One care worker said, *“It means we can concentrate on what really matters to people.”* People told us the care workers were familiar to them. One person said, *“They’re all very caring and nice,”* whilst another person said, *“Oh yes, I know them all well.”* There was a relaxed atmosphere in the home that helped people and their relatives feel at ease. One relative told us, *“It’s always been nice but it’s extra nice these days. You feel really welcomed when you arrive, and the staff are so thorough.”* This confirms that people feel they belong and have positive relationships with the care workers who support them.

2. Care and Support

Summary

People's individual support needs are understood and each person's medication was managed efficiently. The home provides an 'active offer' of the Welsh language.

Our findings

People's individual support needs are understood. The home took information from speech and language assessments, physiotherapist reports and social worker assessments. Where a person was unable to discuss their own well-being as they were living with dementia or an acquired brain injury, the home took personal information from their friends and relatives. This meant that care workers were aware of people's support needs when they came to the home. Care records were well organised in electronic form and the information they contained was easily accessible to care workers. We saw assessments of each person's physical and mental health and up-to-date risk assessments that empowered people to be as independent as possible; especially where the person was at risk of falls due to a reduced awareness of their surroundings. We were told of people who had made 'wonderful progress' since they had been at the home; we spoke to a relative, who confirmed this to us and added, *"I was amazed at what x did. I never knew x could do that. All the staff should be congratulated. It's changed our lives."* In order to remain current, all care records were reviewed every month, or more frequently wherever support needs had changed. People and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. People's general health was promoted, with access to specialist and medical support when necessary. For example, we saw food and fluid charts, pain assessments, GP referrals and oral health plans. People were registered with a local doctors' surgery and a podiatrist, community dentist and optician regularly visited the home. We met one person who was supported to attend appointment at a wound clinic in the afternoon, and district nurses visited the home three days each week to carry out medical procedures with people and to liaise with care workers regarding peoples' care and well-being. The home accessed the provider's two speech and language therapists for advice regarding peoples' swallowing and dietary requirements, and a physiotherapist for guidance regarding mobility and flexibility. In addition, an occupational therapist was based full-time in the home and was available for advice and guidance regarding peoples' participation in everyday activities in the home. The provider has a catering and development officer, who

visited the home two days each week in order to talk to people about their menus and nutrition. We saw that the current focus was regarding ways to improve the presentation of processed foods, such as soft or pureed diets. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

A robust process for medication management was in place. Medication administration records (MARs) contained each person's photograph and there were no omissions in the records we viewed. Controlled Drugs (CDs) were appropriately stored and recorded. All medication was stored in locked cupboards in the locked medication room. The system for ordering medication was robust. Daily recordings of the medication room temperature were taken because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. The manager showed us how they had introduced a new system that monitored peoples' medication more closely. This included weekly medication audits that enabled the manager to pick up on any issues that arose more quickly. This illustrates that people can expect to have their medication managed appropriately.

The home provides an 'active offer' of the Welsh language; this means being proactive in providing a service in Welsh where preferred, without people having to ask for it. Although people's support plans encouraged care workers to converse in people's chosen language, we agreed there was no demand currently for Welsh-speaking support. We saw that the statement of purpose and service user guide and all leaflets and promotional material were produced bilingually in English and Welsh. This evidences that Welsh speaking people can read about their care and support opportunities in Welsh if they wish.

3. Environment

Summary

Heathfield Lodge Care Home provides a comfortable and homely environment that is suitable for people's needs. The layout of the home promotes accessibility and independence where possible. People are supported in a safe environment and each person's confidentiality is respected.

Our findings

The home consists of a large detached house over three floors, with extensive views over Swansea city centre and the bay. There are accessible gardens and paved areas, with some car parking at the front and the home is within walking distance of the city centre with all its amenities. There are sixteen single bedrooms, all with en-suite facilities and two adapted bathrooms for anyone with mobility issues. The premises were suitable to meet people's needs, as the layout of the home was easy to navigate and maximised independence for people. We saw many spacious areas for people to use; there were three lounges and a small conservatory, as well as well-maintained grounds where people could spend time with friends and relatives. People told us they felt happy and comfortable. Each bedroom we saw was personalised to reflect the occupant's taste, and a relative told us that they had recently attended a meeting in the home where it was suggested that they discuss decorating their bedroom with their family member, in order to personalise the room further. This evidences that people are supported in an environment that suits them.

People are supported in a safe environment. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. This means that people can expect to be supported in a safe and well-maintained environment. We were shown all maintenance records and noted that the provider's Health and Safety (H&S) Manager ensured all employees attended H&S training in order to maintain an up-to-date awareness of their responsibilities to keeping people safe. In addition, a maintenance person ensured all maintenance checks and environmental audits were carried out to planned schedules. Maintenance records evidenced that appropriate measures were always taken to ensure equipment such as hoists and wheelchairs were properly serviced at all times. This demonstrates that people can feel safe because of the safe environment they live in.

Confidentiality is maintained. People's care records were stored electronically and were arranged so that only authorised employees could access them. Other personal information that was not available electronically, such as DoLS records, were properly protected as they were stored securely in the manager's office. Employee personnel records were securely stored at the provider's head office which was nearby. 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 demonstrated that people's privacy and personal information is well protected.

4. Leadership and Management

Summary

There are robust systems in place to assess and improve the quality of the service, together with suitable procedures in place to monitor care workers' recruitment, training and support. There are senior staff members who oversee the service on a daily basis.

Our findings

There are clear systems in place to monitor the quality of support people receive. Visits by the responsible individual were used to check the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. We saw from reports that all people interviewed during the two most recent visits were positive about the home and the support they received. Surveys were provided to care workers, people and their relatives and healthcare professionals involved in people's care and well-being; we saw completed survey responses from relatives, which were complimentary. Resident and relatives meetings were held for people and family members to discuss any issues they wanted to raise. From the most recent minutes, we saw that everyone who attended was happy with the support they received, the activities they took part in and the overall décor and cleanliness of the home. Monthly audits monitored all care and support issues, including medication and record keeping. From these records, we saw that any issues that arose were resolved in a timely manner. A complaints policy and procedure was readily available and people and relatives told 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. The manager showed us how findings from surveys, incident reporting, audits and complaints were collated into an annual quality care report which identified all actions to be taken from the findings. We examined the most recent report and noted that all actions had been completed promptly. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required 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. Employee training records demonstrated that new care workers went through an

initial 24-week induction, which was in accordance with the Social Care Wales Induction Framework. Thereafter, new employees received regular support from senior staff and the manager. Staff training records evidenced that employees were up-to-date in their essential training. Care workers attended training that was specific to the needs of the people in the home, such as diabetes awareness and PEG (percutaneous endoscopic gastrostomy) training for people who received their diet in this way. 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 evidences that people are supported by well vetted and well trained care workers.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- None

5.2 Recommendations for improvement

- None

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 5 November 2018 between 10.30am and 5pm.

The following methods were used: -

- We walked around the premises, visiting people in their lounges, dining rooms, the garden and own rooms.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We met and spoke with four people living in the home and two relatives.
- We spoke with three care workers, the manager and the responsible individual.
- We examined five people's care records and six employee records and training records.
- We looked at a range of other records, including the home's statement of purpose, service user guide, quality of care report and maintenance records.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Heathfield Lodge Ltd
Registered Manager(s)	Yasmin Wheelwright
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	06/07/2017
Dates of this Inspection visit(s)	05/11/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	
<p>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.</p>	