Federation of Jewish Services

The Heathlands Village

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection visit, which took place on 18, 19, 28 January and 1 February 2016. The last inspection of this service took place on 24 January 2014, which was to check concerns that had been raised with us. We found no breaches in the regulations that we reviewed.

The Heathlands Village provides a wide range of care services for up to 214 older people from both the Jewish and Non–Jewish community. The Heathlands Village is divided into six units and is situated in extensive well-maintained grounds. It is close to the village of Prestwich and there is easy access to local shops, public transport and the motorway network. At the time of our inspection visit 154 people were using the service. The low number was due to ongoing improvements being made to the site.

The service had a registered manager in place. A registered manager is a person who has registered with CQC 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 this inspection we found no breaches in the regulations that we reviewed.

People who used the service told us "I feel safe in here. There's plenty of people in here," "I feel safe here because there's always somebody around," and "If you arrive after hours I have a phone number to be let in. You don't have to wait. There's 24 hour reception" and "I've always felt safe in here."

Staff we spoke with told us that, "All staff get safeguarding training," "If someone complained to me I would write everything down and report it to the team leader immediately" and "There are eyes and ears everywhere at Heathlands." Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse taking place.

Recruitment procedures were sufficiently robust to protect people from the risk of unsuitable staff and there were adequate numbers of staff to support people safely and effectively.

People's medicines were safely managed.

People who used the service and relatives said, "It's like a five star hotel," "The home is clean and her bedroom is clean. It is always clean in here," "They do clean the public areas and my bedroom every day. My bedding is also kept clean" and "Cleaners are around all the time."

The registered manager had a good understanding of the Mental Capacity Act. Authorisations for non-urgent Deprivation of Liberty Safeguards were ongoing with the local authority. Improvements were in the process of being undertaken to clearly identify when people had given their consent and for what reason.

Staff had received or had access to training to help them support and care for people safely and effectively.

People enjoyed the food that was offered which was overseen by the Shomer for the service to ensure that religious and cultural requirements were met. People who used the service told us, "I like the food here. You get a good choice of food." "The food is excellent. It is very nicely cooked. The food is pretty good," "There's plenty of choice. I like the evening meal best. It's a good end to the day," "The food is excellent. Its Kosher" and "We get enough fruit and vegetables. There is a reasonable choice of food."

One person told us, "If I'm poorly a doctor will come to see me. I have seen a doctor when I ask for one. I saw the doctor yesterday. There is a surgery on the premises. You can use the emergency doctor otherwise. I have access to other medical professionals when needed.

We saw frequent and friendly exchanges between staff and people who used the service and the atmosphere was calm and relaxed.

People who used the service told us, "The staff treat me with respect. They are very kind to me." "On the whole they are decent. They do knock before coming into my room. Staff are kind to my relative and sometimes offer them a drink" and "Staff do know what I like and don't like."

Staff members we spoke with told us, "I have worked here for seven years now and I know all the people here individually. I know all about them" and "I would be more than happy to have a family member or friend living here. The people here do get very well looked after."

People nearing the end of their life received compassionate and supportive care.

The arrangements for social activities were wide ranging with additional support provided by volunteers. The service took a key role in the local community and was actively involved in building further links.

People were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints as a means to drive improvement.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People told us and we saw that managers at all levels were visible, approachable and supportive.

The service actively sought and acted on the views and opinions of people who used the service, relatives and staff. The service had developed a clear and visible code of practice that supported a positive culture and value base, which was expected to be followed by all people connected with Heathlands Village.

There was a strong emphasis on continually striving to improve and working in partnership with others, for example, members of the community, music therapy and the local university.

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.

People told us they felt safe at Heathlands Village and staff knew what action to take to safeguard people from abuse and poor practice.

Recruitment procedures were sufficiently robust to protect people from the risk of unsuitable staff. There were adequate numbers of staff to support people.

Procedures to ensure effective medicines management and prevention and control of infection were in place.

Is the service effective?

Good

The service was effective.

The registered manager had a good understanding of the Mental Capacity Act. Authorisations for non-urgent Deprivation of Liberty Safeguards were on-going with the local authority. Improvements were in the process of being undertaken to clearly identify when people had given their consent and for what reason.

People enjoyed the food that was offered which met their religious and cultural requirements.

People had access to healthcare professionals and doctors visited and held surgeries at Heathlands Village three times a week.

Is the service caring?

Good

The service was caring.

We saw frequent and friendly interactions between people who used the service, relatives, visitors and staff. The atmosphere was relaxed and friendly.

People nearing the end of their life received compassionate and supportive care that met their religious and cultural needs.

Is the service responsive?

Outstanding ☆

The service was responsive.

The service was responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The arrangements for social activities were wide ranging with additional support provided by volunteers. The service took a key role in the local community and was actively involved in building further links with them and other agencies, for example, a local University.

People were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints as a means to drive improvement.

We saw that there were many opportunities for people who used the service and their relatives. We saw examples were ideas and suggestions had been acted open.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People told us and we saw that managers at all levels were visible, approachable and supportive.

The service actively sought and acted on the views and opinions of people who used the service, relatives and staff. The service had developed a code of practice that supported a positive culture and value base, which was to be followed by all.

There was a strong emphasis on continually striving to improve and working in partnership with others.

The Heathlands Village

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 provider is meeting 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.

This inspection took place on 18, 19, 28 January and 1 February 2016 and was unannounced on the first day.

The inspection team consisted of two adult social care inspectors and an expert by experience for the first two days of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services for older people who live with dementia. An adult social care inspector returned to the service for a further two days.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before our inspection, we reviewed the information we held about the service including notifications the provider had made to us. We also contacted the local authority safeguarding and commissioning teams and the clinical commissioning group (CCG). They raised no concerns about the service with us.

During the inspection we spoke with twelve people who used the service in detail and many more briefly as we carried out our inspection. In addition we spoke with two visiting relatives and two members of the relatives committee and also briefly to a local doctor who visited the service each week.

We also spoke with the registered manager, the chief executive officer, two clinical service managers, four nurses, a team leader, a shift leader, four members of care staff, two activities staff, the quality assurance and development manager, the operations manager, head of housekeeping, a house keeper, a laundry assistant, human resources staff and the volunteer manager.

During the inspection we carried out observations in all public areas of the village and observed the breakfast and lunchtime experience in the dining rooms on the units. We looked at the care records for thirteen people and the medication systems on two of the units we visited. We also looked at four staff and two volunteer personnel files and reviewed a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us "I feel safe in here. There's plenty of people in here," "I feel safe here because there's always somebody around," "I feel safe in here," "I think I am safe in here. If you arrive after hours I have a phone number to be let in. You don't have to wait. There's 24 hour reception and if you come in late you can dial the number to get in" and "I've always felt safe in here."

Relatives told us, "I feel my relative is very safe in here. I've no concerns about them. [My relative] isn't mobile so is limited. I feel the building is safe and secure" and "I have never seen any bullying behaviour. Staff deal calmly with any disruptive people showing behaviour such as shouting. There's generally a quiet and calm atmosphere in the home."

We saw that the environment was safe both inside the premises and out. There was a security night patrol and customer services in the main reception area was staffed throughout the night.

We saw that information about safeguarding adults was available on each unit. The term safeguarding is used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. Records showed that staff had received safeguarding adults training.

Staff we spoke with told us about the importance of keeping people safe and they were in no doubt that the registered manager would take the right action to deal with any safeguarding or whistleblowing allegations. Whistle blowing means staff reporting any concerns they may have about the conduct of colleagues.

The organisation's code of conduct made clear what behaviours the organisation expected from staff and what behaviours they did not expect. The organisation's code of conduct included information about abuse of people who used the service, appearing unapproachable, imposing personal beliefs, ignoring something staff knew was wrong, bullying and criticising colleagues. Staff signed up to the code of conduct when they started work at the service. The code of conduct was displayed throughout the service and was considered to be a working document by staff.

Staff we spoke with told us that, "All staff get safeguarding training," "If someone complained to me I would write everything down and report it to the team leader immediately" and "There are eyes and ears everywhere at Heathlands."

We checked the recruitment files for four recent employees and two volunteers. We found that a criminal records check had been carried out and references sought to help ensure that the employee was suitable to work with vulnerable adults. We saw that there was a selection process in place that assessed an applicant's personality type. At interview applicants were also asked to bring in items that were important to them and talk about them to check for meaningful responses. Information about the staff on each unit and their personality was available for everyone to read on a displayed 'This is me' one page profile.

People who used the service gave us mixed responses to staffing levels. Most people thought there were enough staff but some people thought that there could be more. People told us, I never have to wait for attention and staffing levels are more than adequate. Staff check on me every day," "There's enough staff on duty to help me. They have been short of staff. It's mostly in the holidays they are short staffed," "Staff pop their heads in but it varies how often they do this," "There isn't enough staff but it is okay at the moment" and "Weekends seem to be understaffed. I have complained about this and I don't think it has adequately been dealt with yet. During the week they have full staffing." We saw that the service had recognised through what people had said to them and from incident report trends that more staff were needed at busy times of the day and additional daybreak and early evening staff had been brought in to cover these times.

Staff we spoke with told us they had no concerns about staffing levels. They said they were occasionally short staffed because of last minute sickness of staff members. We were also told that there was flexibility in the rota to ensure that where, for example, there were high numbers of people receiving end of life care that the rota could be changed so that staff did not become over tired and could give their full attention to people's care needs and treatment.

We spent time with the nurse covering nights. They told us about the on call arrangements on nights. During the night all staff reported any concerns to the night clinical services manager or nurse in charge. There was a clear day and night staff teams. The service did not use outside agency staff but used their own regular bank staff if regular staff were not able to cover absences. This helped to ensure continuity of care, treatment and support for people.

We saw copies of the staff rotas for Heathlands. We saw that there were adequate numbers of staff available to support people in communal areas. We did not see anyone waiting for long periods for assistance or hear call bells ring for long periods. The call bell system was monitored to check that people were responded to in a timely manner. There were seven day staffing arrangements across all the staff teams to help ensure that standards did not drop at the weekends.

Staff received an employee's handbook, which contained a lot of useful information to advise staff about health and safety. We also saw health and safety information was available for staff to use on each unit.

A staff member told us, "All staff complete moving and handling, which includes how to use the hoist and all equipment gets checked, I think it's every year." We observed two occasions where people were correctly hoisted by two carers from an armchair into a wheelchair. The carers explained what they were doing and placed a cover over the person's legs to protect their dignity.

Staff interacted well with people they accompanied as they supported them safely between rooms when necessary. Where people used wheelchairs, we saw that footplates were used to protect people's feet from injury.

Fire control was based at the main reception area. Fire Marshalls were identified for each floor We were told that there had been fire drills carried out but not recently due to major works being carried out. The service used horizontal evacuation procedures in event of a fire. Staff who we asked, were clear about what action to take in event of a fire. There were plans to put personal emergency evacuation plans (PEEP's) in place once the work had been completed. We saw that where building work was being carried out, strict health and safety procedures were in place and adhered to.

We spoke with the operations manager who told us about their role in ensuring the health, safety and

development of Heathlands Village site. They told us and we saw records which showed that all maintenance and servicing of the equipment and premises was in place and up to date, for example, electrical fitment and fittings, portable electrical appliances, gas, Legionella, hoist slings and lifting equipment. Spot checks of hot water temperatures were said to be undertaken on a daily basis. An emergency business continuity plan was in place.

We saw that sluice rooms and linen cupboards were kept locked to help reduce health and safety risks, for example, fire safety.

People who used the service and relatives said, "It's like a five star hotel," "The home is clean and their bedroom is clean. It is always clean in here," "They do clean the public areas and my bedroom every day. My bedding is also kept clean" and "Cleaners are around all the time."

We arrived early at Heathlands and saw that housekeeping staff were already working in communal areas before people who used the service got up. Housekeepers we spoke with told us that they worked around the needs of people who used the service. For example, they cleaned communal areas when people who used the service were in bed and people's bedrooms when they were not in use or with the person's permission. We were told that when a room became vacant it was closed off and checked by maintenance for health and safety and refurbishment before a new person moved in.

We looked at the toilet and bathroom areas and found them to be clean and hygienic. The areas we looked at contained hand cleanser, sanitizer, paper towels and pedal bins. We saw porters moving clinical waste in trollies regularly throughout the day. No malodours were detected during our visit.

Housekeepers changed people's bed sheets on a daily basis and there were systems in place to manage people's personal laundry. The service had a large industrial laundry. We saw that there was a laundry person whose role it was to manage people's personal laundry and lost items of clothing. There was also a seamstress service available to help label and mend people's clothing.

We looked at the systems in place to help ensure the safe administration of medicines.

People who used the service told us, "I've not been here long. I am on medicines but I'm not sure what they are. I get medicines on time." Staff we spoke with about medicines told us that, "Each time I do a medication round, I always ask people first to make sure they are ready for their medication."

We looked at two treatment rooms which were locked at all times when not in use. The provider did not have a medicines trolley. Medication wall cabinets were seen in each person's room. We saw appropriate guidance was available in the treatment rooms but we were told only senior trained staff were allowed to administer medication. Room temperatures were recorded daily and we saw a record was kept for any destroyed or returned medication. Two staff booked medication in and out and we saw two signatures for any destroyed or returned medication. Hand wash facilities were seen and also sharps disposal boxes.

Three people who lived on the Specialist Dementia Unit (SDU) received controlled drugs (CDs) and they were stored appropriately. We saw records that showed they were checked and administered by two staff. We looked at the records for the three people and we saw the medicines in stock tallied with what had been recorded within the logbook.

We saw 'as required' (PRN) medicines guidance was available. People who had capacity were asked if they required any pain relief. A staff member told us behaviour and body language was monitored and used as

an 'indicator' that people without capacity may be in pain and so required PRN medication. One person received covert medication. We saw a copy of the person's covert medicines procedure. This showed that the registered manager, the person's doctor, the staff nurse from the unit and the pharmacist had been involved in this decision and alternative methods had been considered, which included the least restrictive option.

The medication administration record (MAR) sheets we saw had no gaps in recording. We were told by a staff member that weekly medication audits were completed and we saw evidence to support this. Team leaders completed audits on units they did not work and fed back the findings to each other. We were told that medication competency checks were completed annually for all staff who administered medication. We saw a copy of the medication bi-monthly medication competency check following our inspection, which showed that some staff had not had their competency to administer medicines for some time.

We observed two medication rounds. Staff washed their hands before and in between, administering people's medication. All people received their medicines in a safe manner. People were offered a drink to help take their medicines and the staff member observed the person until they had taken their medicines. MARs were completed appropriately once the medicines had been administered. We looked in two medicines cabinets in people's rooms and checked random samples of medication. The stock we checked tallied with what was recorded.

Good

Is the service effective?

Our findings

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 people lack the 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 MCA. The application procedures for this in care homes 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.

Before our inspection visit, we reviewed all the information we had received from the home. We saw that we had received 29 deprivation of liberty safeguarding notifications from the service. The registered manager told us that due to the volume of deprivation of liberty authorisations required by the service they had been asked to submit three applications a week to the local authority (supervisory body). This was unless the application was urgent, for example, if a person was attempting to try and leave the unit and they were being prevented from doing so.

We saw that information was available about deprivation of liberty on each unit for staff to use and that staff had received training in MCA and DoLS. Staff told us "I've completed training in dementia awareness and mental capacity. We do get plenty of training here and it's really good" and "I've got a good understanding about DoLS but I do think there are some more people who I need to put applications in for." We saw evidence to show that all care staff had access to MCA and DoLS e-learning training and most staff had completed this training.

We heard staff asking people who used the service for their consent to do so before providing care and support. We spoke with several staff and from our discussions with them there appeared to be some confusion about agreement and consent. We saw that there was a care plan review authorisation form which showed that, where a person had capacity, they had signed to agree that a named relative or friend could read, review and sign off their care plan or that they wished to read and sign off their own care plan.

We saw that there was some written evidence of people who used the service giving their consent to some forms of care and treatment at the pre-admission assessment. We did not see consent forms for medication administration, the sharing of information and the taking of photographs, which would reflect a best practice approach to providing care to vulnerable people. The registered manager had developed a new consent form for people with capacity to sign or relatives to agree at the point of admission. A member of the relative's forum who was in the process of reviewing the family and friends agreement form also said this could be considered as to whether it was appropriate to add this information into the new agreement form.

Not all the care plans we looked at had mental capacity assessments. A mental capacity assessment is a necessity when caring for people living with dementia or any form of cognitive deficit. However, we saw that assessments were carried out when an authorisation request was submitted to the local authority for their consideration and a best interest meeting was held with the appropriate health and social care professionals, relatives and friends. We saw evidence that where people lacked capacity that their relatives and other people who were important to them were involved in discussions about their care and treatment.

The registered manager told us that 56 best interests meetings were to be undertaken for all people who used the service that would be affected by the major changes planned for the Heathlands Village site by the organisation's social work team. We saw evidence to support that these arrangements were in place.

Many members of staff had worked at Heathlands Village for many years. The service did not use outside agency care staff to work with people who used the service. The service used regular bank staff should cover for regular staff be needed to help promote continuity of care.

A staff member said, "We have handovers at the end of each shift and pass on all the information from the previous shift so staff know exactly what has happened" and "We have staff meetings every month and regular supervisions so it all helps us deliver a better quality of care." We attended a number of handovers throughout our inspection visit. We saw that nurses, team leaders and shift leaders handed over to the next team coming on duty.
A nurse told us that there was good teamwork and they were kept informed and were well supported by their line managers. The nurses we spoke with told us they were a stable well-established team who worked well together. They said that the new clinical services manager had fitted into the team well.

We saw a copy of the nursing and care staff training records. This showed that all staff had undertaken their induction training. We saw that a lot of work had been undertaken in developing an induction programme for staff. The induction programme had been mapped to the Care Certificate. The Care Certificate is the minimum training standard that care workers are expected to achieve. The induction checklist included an assessment of the staff member's competence to carry out particular tasks.

When staff had completed the induction training they were expected to enrol on the Qualification Credit Framework (QCF) Diploma at Level 2 or 3. We saw evidence that showed applications were being made. Other staff had undertaken National Vocational Qualifications (NVQ) Level 2 in health and social care.

We saw a copy of the training schedule for staff for 2016 which included, the role of a social care worker, safeguarding adults, mental capacity and dementia awareness, basic life support and emergency first aid, medicines administration, moving and handling and Jewish awareness. The staff training manual gave more detailed information about training available to staff and the objectives of the training.

Staff were also able to access training in basic life support, diabetes, dysphagia, epilepsy, falls prevention, pressure area care and other health related training related to their role.

Other training needs were identified through the staff member's supervision sessions and employee reviews and this was documented. Training records showed that staff had received most of the training they needed to support people and identified where there were gaps or where refresher training was needed, which was booked.

We saw that the Manchester Beth Din, a Jewish organisation that monitors the kitchens to ensure they meet Kosher requirements. The Shomer for the service regularly inspected them to ensure that kosher

requirements were adhered to. We saw that people had access to food and drink at all times. Each day the servery areas on units were supplied with any food stocks that the staff had requested so that they were always well stocked.

At the request of people who used the service, a hospitality service had recently been introduced, so that people could have their meals in their flats or rooms. People who used the service told us, "I like the food here. You get a good choice of food." "The food is excellent. It is very nicely cooked. The food is pretty good," "There's plenty of choice. I like the evening meal best. It's a good end to the day," "The food is excellent. Its Kosher" and "We get enough fruit and vegetables. There is a reasonable choice of food."

We saw breakfast being served to people who used the service. Toast was freshly made and hot food was served from a permanent hot serving area by staff in attendance. A variety of fruit and both hot and cold breakfasts were available for residents. Tables were served with a variety of fruit juices or tea/coffee.

Dining areas were seen to be spacious and we saw people being assisted in a discreet manner to eat their meals. We saw that when people showed reluctance to eat and drink, alternatives were offered and encouraged. Staff told us, "There are a few people on this unit who need help with their meals so we sit with them, talk to them and support them when they need it."

We saw people being offered drinks and snacks throughout the day. We also saw that people were offered freshly made and nutritious 'smoothies' by staff in the middle of the morning. As well as meals on the units people also had access to a restaurant called Balcombe Hall and a café in the main reception area. Both were seen to be well used by people.

We spent time talking with the head chef. They told us that the service had recently reintroduced the use of moulds to present pureed foods in a way that looked as a normal meal would. They also told us they had spent time with the Speech and Language Therapist (SALT) to ensure they had the understanding they needed to meet people's needs.

People who used the service told us, "I'm weighed fairly regularly" and "Staff do weigh me." We saw weight monitoring records and risk assessments completed on the care records. A relative said "The family have been worried about [relatives] weight when [relative] was ill. [Relative] saw a doctor here on the premises and got fortified drinks made up for [relative]. I think [relative] is now gaining weight again."

On the nursing unit we saw that food and fluid charts were in place where people had high nutritional needs and where the SALT had been involved.

One person told us, "If I'm poorly a doctor will come to see me. I have seen a doctor when I ask for one. I saw the doctor yesterday. There is a surgery on the premises. You can use the emergency doctor otherwise. I have access to other medical professionals when needed."

A relative told us, "[Relative] is cared for more appropriately here than in A and E or on a hospital ward. They have enough qualified staff here to cater for [relative's] special needs and I am satisfied with the care [relative] gets here" and "Staff do contact me if [relative's] needs change. I have regular dialogue with staff and they keep me well informed." A friend told us, "My friend has good care in here. I see many residents as a volunteer visitor and they all seem to have good access to all types of medical care."

Doctor surgeries were held at the service on Monday, Wednesday and Friday each week. There was also a physiotherapist and an assistant available on site for people to access. District nurses, chiropodist and

opticians visited the site. The service was in the process of improving dental services for people who used the service. They had purchased a dentist chair and were looking into an NHS contract for a dentist to be based on site. The service would be available to people who used the service, their relatives and staff should agreement be reached. Contact with healthcare professionals were recorded in people's care plans.

We asked staff about pressure sores. A staff member said, "They are a pet hate of mine. We do not have anyone with pressure sores here. If anyone spent any period of time in bed, they were turned as a precaution and people are not left until any signs of pressure sores are observed." Another staff member said, "We are very proud not to have anyone with a pressure sore on our unit."

Good

Is the service caring?

Our findings

People who used the service told us, "The staff treat me with respect. They are very kind to me," "The staff are kind to me. If they are busy they don't have the time to always explain things." "On the whole they are decent. They do knock before coming into my room. Staff are kind to my relative and sometimes offer them a drink" and "Staff do know what I like and don't like."

Relatives we spoke with told us, "The home has fully met both my relative's and my own spiritual needs. They have been a help to me during this time. Staff at most of the time are kind and caring," "Staff are kind and caring. Staffing is comprised of individuals and some are kinder and more caring. I have no complaints about staff. Staff do listen and respond to things I tell them," "Staff do listen to me and react positively to what I have to say. Staff speak kindly and are welcoming to our family when we visit" and "Staff are kind and caring. They do listen and act when I speak to them."

Staff members we spoke with told us, "I have worked here for seven years now and I know all the people here individually. I know all about them" and "I would be more than happy to have a family member or friend living here. The people here do get very well looked after."

We saw frequent and friendly exchanges between staff and people who used the service and the atmosphere was calm and relaxed. All staff were seen to be smiling and welcoming.
Staff members spoken with were knowledgeable about people's care needs. People were smart and well dressed. We saw that staff were dignified in their approach to people, for example, calling knocking on doors before entering people's rooms. We saw that staff were well mannered, polite, patient and supportive.

We heard that some people were addressed by their first name, and others by their full names, for example Mr, Mrs or Miss, depending on their individual preferences. We saw several people seated in the lounge had cosy covers for comfort and a person living with dementia enjoying singing with a staff member whilst cradling their comfort baby doll. Next to bedroom doors on the dementia units there were memory boxes and paper tree drawings alongside with personal information about them. A staff member told us that permission was obtained for this information to be displayed.

We saw a lot of information displayed around Heathlands Village about being aware of treating people with dignity and respect. Information in a cartoon format clearly put across the point to others.

A relative told us that Heathlands provided, "Good end of life care for my relative, which put my mind at rest. [My relative] was cared for more appropriately than in a hospital environment. The home had enough qualified staff to cater for [my relatives] special needs at the time and I was satisfied with the care [my relative] received." Nurses told us, "All staff have had the Gold Standards Framework training and are very experienced in delivering end of life care."

The provider had been awarded the Beacon status of the Gold Standard Framework in palliative care, which helped to ensure people who used the service received good quality care at the end of life. Information

about the Gold Standard Framework was available on all units and accessible by people who used the service, relatives and staff. Staff had access to other local end of life healthcare professionals.

We saw end of life wishes in the advanced care plans we looked at. People had been fully involved in completing the plan and thinking ahead about what they wanted to happen and did not want to happen to them at the end of their life, for example, going into hospital.

We saw information that showed, where a person had progressed along the end of life the person's doctor was informed about the change in the person's condition. This was to ensure that anticipatory controlled medicines were available if needed to provide the person with appropriate pain relief. Facilities were available for family and friends to stay at Heathlands so they could stay with their relative.

We saw Do Not Attempt Resuscitation (DNAR) authorisations had been completed with people, where assessed as necessary. Records showed that the person, family members and friends, where appropriate, had been involved in discussions related to the decisions made. Support from the Rabbi and the person's doctor in these discussions was available to the person and their relatives should they require additional support. We spoke briefly to a visiting doctor who commented positively on the care provided by the staff at Heathlands and particularly their approach to end of life care.

We saw that Heathlands had the facilities available to meet the religious and cultural requirements following a person's death, with volunteers coming into prepare the body for burial. The registered manager told us they had not experienced any delays in burial because of a deprivation of liberty authorisation being in place, with the local coroner. We were made aware that this could cause anxiety for relatives and the need to ensure they complied with their relative's wishes and cultural needs.

Outstanding ☆

Is the service responsive?

Our findings

We saw that when a person moved into the home a 'Family and Friends Shared Care Agreement' was completed. This document gave relatives and friends information about the aims and objectives of the Heathlands Village and the importance of working together in the best interest of people who used the service. This document had recently been reviewed and updated with the involvement of a relatives committee member and was in the process of being redrafted. The new version was to include more information on the values of the organisation and was aimed to make it more 'user friendly'.

We looked at eleven care plans during our inspection. The provider used a computerised system for recording people's care plans. We also saw a hard copy of care plans which were used in the event of a computer 'crash'. This helped ensure staff members had appropriate and up to date information available at all times. We saw that up to date care plans were printed off following every monthly review. We found that this had been carried out with the exception of one of the care records we looked at and this was addressed immediately during our inspection visit.

The care plans we looked provided an overview of the person's individual likes, dislikes and choices. This reflected a person centred approach to providing care. Care plans and risk assessments were reviewed monthly. We saw a Malnutrition Universal Screening Tool (MUST), mobility assessments, nutritional requirements and religious and social needs had been recorded. Medication was documented and professional visits were recorded.

All the public areas of Heathlands Village were seen to be clean and tidy, well decorated and well used by people who used the service. We saw that there were a wide range of facilities for people who lived at Heathlands Village to use. Facilities included, a synagogue, a café, Balcombe Hall (a restaurant), a function room, an activity centre, a village shop, hair and nail salons, and a medical suite.

People who were able told us that they were supported to maintain their independence. People said, "I am almost fully independent and I have full choice over my life," "I am fully mobile and can chose what I want to do during the day. There are no restrictions on my life," "I have complete freedom over where I go in the home and what I do." A relative told us, [My relative] does have full control over their life."

We saw that people's cultural needs were being met in relation to food and religious practices. Staff we spoke with told us, "We have our own synagogue here and people can visit at any time they choose and they have a service three times a day seven days a week." Activities staff told us that part of their role was to ensure religious festivals were observed and they worked closely with the Rabbi. They told us they put together a programme of activities for each festive occasion and this was distributed to people who use the service.

We saw that the provider was in the process of undertaking extensive building work to Eventhall House, a unit within The Heathlands Village. The work was coming to an end and due to open sometime during March 2016. This was in response to a review of layout and design of the whole village and how it met

people's needs. A consultation process was underway to move people who had nursing or palliative care needs to Eventhall House, where it was quieter. The plan was for people living with a dementia to move to the main building nearer to the village facilities and overlooking and having easier access to the new and safe dementia friendly garden that was near to completion. Best interest meetings had been arranged to discuss this plan further with people and their families. The long term aim of the service was to provide a service where people who lived with dementia lived together in smaller groups.

The organisation were making the best of the quiet woodland surrounding Eventhall House by creating a safe garden area for people to use and they had put nesting boxes for birds in with cameras so that they could be watched by people who used the service. There was an area being developed especially for people who were receiving end of life care within the new arrangements at Eventhall House.

We saw that people in the residential care areas (known as the flats) had been involved in choosing new pictures to put along the corridors. We saw that they had also been involved in setting up a new lounge area where a feature fire place had been added to help make the room feel more homely. There were also small quiet rooms and a games room for people to use.

Staff we spoke with told us "We have full time activities co-ordinators and every day there is something going on. You can go on all the units and into the activities room and you will see people taking part in activities"

We saw that everyone received a weekly activity sheet to tell them what activities were available. We saw a wide range of activities during our visit for example, a game of picture bingo, an exercise class, which involved twenty people and also people watching a film on a large screen.

People who used the service told us, "I don't play games. I like to chat with other people. Everyone is very friendly. The time passes quickly." "Yesterday we had a sort of quiz over at Heathlands. There's an American girl who entertains us," "There are exercise activities but I don't like them. We have quizzes and I enjoy them."

Relatives told us, "[My relative] goes to singalongs, pottery, exercise classes, bingo, quizzes and reminiscence. All of this is done regularly and staff try to involve them. "The home have fully met both my relative's and my spiritual needs. Staff have been a help to me at this difficult time. It's like a five star hotel with every facility." A volunteer said, "Residents can chose to take part or not to in activities on offer."

The activity team comprised of a manager, two senior and seven activity coordinators who also worked evenings and weekends. The activities staff worked across Heathlands. The organisation had a part time fundraiser whose role was to bid for funds from various organisations and work with individuals to raise money through donations for new facilities such as the new garden for people living with a dementia.

The activity team were part of the Heathland renovation and future planning of the site group. The new gardens had been planned, in part, to enable the activity team to organise outdoor activities and events at Heathlands.

New admission forms were sent to the activities team and an activity coordinator would then arrange to visit the person and their relatives, where appropriate, to find out their interests. Care staff also promoted activities and they were able to use materials provided by the activities team to provide stimulation for people who used the service.

People who used the service who were able to, told us about their day. One person said, "I get up, have breakfast and read my paper in the cafe or in the activity centre in the morning. Then at 10am we have activity classes. We have a quiz at 11am and then it is lunch and I chose to go to the first sitting. In the afternoon we have a keyboard player and sing from sheet music. I have a full day with plenty of company if I want it." Another said, "I like to paint every day. Staff bring me my painting materials. Friends take me out but I mostly stay around the building. I'm very happy and contented here. I like to keep myself to myself but there are plenty of activities if I wanted them" and "I do like the exercises we do in the activity room. I go to the activity room often."

Relatives told us, "Staff provide them with many activities," "They play bingo, have quizzes, singalongs and make things. The activity staff make a programme of activities which they give my relative for the special Jewish Festivals" and "My relative knows there are a lot of activities taking place but doesn't chose to take part. They are aware of all the activities."

The activities staff also told us they worked closely with the wider community to help reduce people's sense of social isolation and increase intergenerational opportunities. School children came into the activity centre service each week to sing to people who used the service and have lunch with them once a week. This was a new initiative and at the end of the academic year pupils would be presented with a certificate from Heathlands to celebrate their work with residents. In November 2015 the activities team also initiated a mother and baby group who go onto the dementia units. An activities co-ordinator said, "It was very clear that the residents enjoyed this. Their faces lit up and they responded well."

The service had two mini buses that people could use for activities. The activities manager told us that the staff team had been trained to transfer people safely when using the mini buses and that they carried out risk assessments on individual venues.

Records of who had visited the activity centre and other activities that took place across Heathlands were maintained electronically on people's individual care records.

We spent time talking with the volunteer manager. They told us there were around 70 volunteers, from a wide range of backgrounds, supporting people who used the service within Heathlands village and the wider community. We saw many volunteers supporting the service in various roles, for example, engaging with people who used the service in activities, to carrying out basic administrative tasks that freed up staff to support people who used the service. The volunteer manager told us that where there was an identified shortfall in activity an individual wanted to do, the staff on the unit would send a request form in to the volunteer service. The volunteer service would then try and match a volunteer with the request. For example, a person who used the service wanted to find a volunteer to play chess with them and this was arranged for them.

Volunteers also ran group activities such as the 'Music Appreciation' group, which was popular and also the 'My Voice' project. The project worked with people who were refugees and survivors of the holocaust in recording the positive stories about the new lives that they had created. We were told it was the intention to publish these stories for future generations to read.

We saw a music therapist came into Heathlands and spent time with people living with advanced dementia, either within a group or one to one sessions. We saw some people with limited ability to communicate and engage with others joining in with the music with instruments, for example, playing percussion instruments to the beat and singing. We saw videos of short sessions with the individual people with advanced dementia engaging with the music therapist. We saw a person who was initially reluctant to join in with the music

therapist positively enjoying it after four short sessions.

The service had commissioned a company to bring an urban farm into Heathlands Village in the Spring of 2016. The service was also exploring a project to develop an apartment in partnership with the Robotics Department at Salford University to assess how people's needs could be met by using new technology. The service were also working with Synagogue committee members to develop and expand 'Yiddishkeit' at Healthands Village and encourage families to stay overnight on Shabbat. This helped people and their relatives enjoy this experience.

We saw records that showed that resident's forum meetings were held regularly. We looked at the last resident's forum meeting minutes held on 29 October and 10 December 2015. These covered updates on the building work, care, catering, twilight and day break staff, building work updates, activities, hairdressers, emergency contact cards and stocks requests for the Village shop.

We spoke with two relatives who told us, "I'm part of the Relatives Forum to discuss problems and the way forward. This is a worthwhile forum because when things are put forward the management do listen and react. Some things take a long time to change but small problems are quickly rectified" and "I am on the Relatives Forum. I get feedback and the chance to discuss issues with others. It's a relatively new initiative of the past year or so." A forum member told us that they planned to look deeper into areas that affected them and their relatives, for example, the MCA and DoLS and also to look at ways to improve relatives understanding of dementia.

The service had a complaints policy and procedure. We spent time talking with the quality assurance manager about the complaints system. We looked at the log of complaints that had been made. There was a clear process of acknowledging and responding to complaints. An action plan was devised to show who would take responsibility for investigating a complaint. No complaints were closed down by the quality assurance manager until they were certain that the complainant was 100% satisfied with the outcome.

'Have Your Say' comments and feedback forms were also available for people to complete, which covered comments, compliments and complaints. These forms could be sent to the quality assurance and development manager of the organisation so that people could give their views and opinions about the service.

Relatives said, "My sister has complained. She phoned the head of the floor. Staff did listen and try to put it right" and "I've had one or two small complaints. Nothing important and staff have sorted things out for me."

We saw minutes from the last Quality Assurance meeting attended by the chief executive, chief operating officer, the directors of clinical (the registered manager) and community services, a board member, legal representative and the quality assurance and development manager. They discussed open complaints and feedback from other sub committees, which included, Rabbinical, GP, residents and relative's forums.

We saw a copy of the minutes which included a quarterly summary report for compliments, complaints and 'Have Your Say' feedback and also call bell monitoring. The charts produced showed that there had been an increase in compliments and a decrease in complaints and have your say issues raised over the past three years. Audit reporting figures for housekeeping, infection control, medicines and care record reviews were also included.

Throughout the inspection, we found evidence that people who used the service had meaningful

opportunities to influence the day to day running of Heathlands Village. This helped to ensure that people had an enhanced sense of well-being and exceptional quality of life.

Good

Is the service well-led?

Our findings

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the records we held about the service which included statutory notifications. We saw that we had received notifications from the service as required.

The registered manager was the director of nursing for the service. They were supported by two clinical services managers who covered days and night services. We were told that one of the managers was always on call in the evenings and at weekends and this was confirmed by staff. We saw that there were reporting systems in place, completed by team and shift leaders that ensured managers were aware of what was happening at this large site. This meant that the registered manager knew where people who used the service and staff might need additional support. Examples included, incidents, falls that had occurred, follow up on doctor's visits and concerns around pressure area care.

The registered manager was in the process of developing systems to use the reported information received, to monitor and analyse for trends and patterns. We saw that examples of this had already been used which had led to the introduction of additional daybreak and twilight staff over the busier periods throughout the day. The registered manager and clinical service managers received copies of weekly medication audits and monthly infection control audits. They also received a copy of the outcome of the doctor's visits to Heathlands.

There were identified staff champions on each unit we visited who took responsibility for the oversight of health and safety, dignity, fire safety, infection control, continence, nutrition and oral hygiene. We saw a presentation that had been developed by an oral hygiene champion to share the training they had attend recently with other staff. More presentations of this nature had been planned, for example, health and safety, to help keep staff up to date with changing and best practice.

There were large well-organised teams of staff in operational departments including human resources, catering, housekeeping, hospitality, laundry, porters, security and maintenance. These departments provided support to staff responsible for providing nursing and personal care to people who used the service.

We saw records that showed that there were clear lines of governance. roles and responsibility throughout the organisation, from the Board members through to the senior management team. We also saw there was a 'Who's Who at The Fed,' which showed a picture of all staff members and detailed their role.

During our inspection visit the chief executive officer (CEO) was giving a presentation to staff, which reflected on the previous year, and plans that were in place for the coming year. The CEO told us that they thought it was important to engage with people who used the service, their relatives and staff as often as possible. A volunteer said, "Twice a year the company Chief Executive Officer (CEO) has a meeting with carers and volunteers and I get the opportunity to give feedback. I know many managers and they are all approachable."

People who used the service told us, "We have a meeting with main management once a month where we can air our differences. They do listen and try to put things right," "Everything runs like clockwork here. It is a well-run organisation and I am contented on the whole" and "I'm not interested in meeting the management. I have had no problems and I like things as they are."

Relatives we spoke with told us, "I have raised concerns in the past which were dealt with most efficiently. The management learned from problems and dealt with them in an appropriate manner" and "I've met the management through the relative's forum. I like the way the home is moving forward and relatives do have an input in this."

Staff members spoke positively about the management team. They told us that managers were visible on the units and around the village. Staff told us, "There are team and shift leaders on each unit and we also have a clinical manager so we have lots of experience here if [the registered manager] is off" and "I am sure if anyone reported anything they thought was not right, the managers here would take it very seriously and look into it."

Nurses we spoke with told us that they were well resourced for equipment that people needed and had no doubt that any equipment they needed would be provided. For example we saw that the service had recently purchased a new type of machine that enabled people, particularly those with contracted muscles to have a full shower in bed.

The staff team on the nursing unit had been recognised and shortlisted for a regional care award in 2015. The Heathlands Village holds and Investors In People Award.

We saw that there were plans in place to improve the life of people who lived at the Heathlands Village. Plans included the a new nursing dementia unit, improvements to information technology, ongoing replacement of the central heating system and improvements to the Family and Friends Partnership agreement and replacement of artwork in the ground and first floor flats.

We saw that there were copies of the CQC provider handbooks and guidance on meeting the fundamental standards on each unit. We also saw copies of the draft policies and procedures that had recently been reviewed and updated to show the changes in the fundamental standards, which are the new Regulations that came into force in April 2015.

We saw a copy of The Fed's Vision and Strategy for 2016 - 2020. The key objective areas for the service were repeated throughout the document. The long term strategy was to place people who used the service first by ensuring that services were essential, effective and financially strong. In addition the organisation wanted people to be aware of the services available and to work with the local community to develop service for the future.

We saw that people who used service and staff and volunteers were kept informed about what was happening within the organisation through 'The Fed Express' newsletter. There was also a 'Staff and

Volunteer' newsletter, as well as staff forum meetings.

The staff forum meetings gave staff the opportunity to raise any concerns they had about the organisation anonymously without senior managers present. We saw the minutes of the meeting held on 27 August 2015, which also gave feedback from senior managers about what action they would take to resolve the issues. Minutes showed a range of issues were discussed. These included discussion topics that covered dignity and respect and also staff recognition and reward. We were told by staff that they received a copy of the minutes with their wage slip to help ensure they knew what was happening in the service.

A relative told us, "Things have changed here for the better. There are vast building improvements in progress."