

Indigo Care Services Limited

The Heathers Nursing Home

Inspection report

Gorsemoor Road
Cannock
Staffordshire
WS12 3HR

Tel: 01543270077

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13 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 13 June 2017. At our last inspection visit on 4 January 2017 we asked the provider to make improvements to wound care, staffing levels, the care plans and stimulation on offer and the auditing and managing of the service. The provider sent us an action plan in February 2017 explaining the actions they would take to make improvements. At this inspection, we found some improvements had been made, however further improvements were required.

The service was registered to provide accommodation for up to 47 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 43 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection we asked the provider to make improvements to various areas in the home. At this inspection we saw that some improvement had been made, however further improvements were required to meet the regulations.

Audits relating to the environment and the practical aspects of care had not always been completed or followed through to ensure the changes required had been made. Some staff felt supported, other staff felt there could be more communication and opportunities to consider how they worked to support people. We saw when people lacked capacity an assessments had not been completed to consider how decisions should be made. These decisions were not always decision specific and this was an area the manager was developing.

Care plan content had improved since our last inspection. However further improvements were required to ensure they were up to date and reviewed, with the people who were important to those using living in the home. Some people felt they would like more opportunities to follow their interests and to reduce the risk of isolation. People had a mixed meal experience and the manager acknowledged this was an area for development. We saw that there were sufficient staff to support people's basic care needs, however people and relatives felt that staff were not always able to be responsive and spend time with them for the little things like have a chat or a walk in the garden. Medicine was not always managed safely, we saw that the stock had not been checked and that information relating to people's medicine was not always accessible.

People felt safe and there were risk assessments completed to cover both the environment and the individual's needs. People felt the care staff were kind and thoughtful. They felt their needs were respected and dignity upheld.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's medicines were not always managed safely in line with good practice. People felt there were enough staff for their basic care needs. There was a responsive approach to ensure people were protected from abuse and avoidable harm. All staff employed had received the relevant checks to ensure they were safe to work with people.

Is the service effective?

Requires Improvement 

The service was not always effective.

Some improvements had been made but further action was needed where people needed support with decision making. There were mixed feelings about the meal experience, however people enjoyed the food. Referrals had not always been raised to consider all aspects of people's care needs. Staff had received updated training to support their care needs, however additional training was required to understand aspects of capacity and decision making.

Is the service caring?

Good 

The service was caring.

Staff provided care which was respectful and ensured people retained their dignity. Relationships had been established and staff knew people well. People that were important to them had been encouraged to visit.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans had been completed, we saw they had been reviewed and any updates added when people's needs changed. People

did not always receive appropriate stimulation to engage them in areas of interest and reduce social isolation. Complaints had been responded to including monitoring verbal concerns.

Is the service well-led?

The service was not always well led.

The provider had not ensured that audits relating to the safety of the home had not always been used to drive improvements and safety. There was mixed support offered to staff to fulfil their role. People had been asked their opinions and some surveys had been completed.

Requires Improvement ●

The Heathers Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of two inspectors and an expert by experience.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

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 used this information to formulate our inspection plan. We also considered the action plan produced by the provider after the last inspection which showed the developments the service planned. We also gave the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with eight people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with six members of care staff, three nurses, an agency nurse, the administrator and the registered manager. Prior to our inspection we also contacted two health care professionals to ask if they had any concerns about the service. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for eight people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our last inspection we identified that wound plans required improvement. At this inspection, we saw that where people required a plan this was up to date and treatment had been completed in line with their documented needs. A health care professional told us, "Staff are always very helpful and have a good knowledge of people without having to revert to care files for information." They added, "Care files contain information with regards to wound care." We also expressed concern in relation to daily repositioning charts. We saw there had been some improvements, however the manager acknowledge there was some further improvements they planned to make linked to the regular audits of the charts.

The management of people's medicines was not always safe. At teatime, we saw that the medicine for four different people had been prepared in medicine pots and placed on top of the medicine cabinet. This is not considered to be best practice as it could lead to confusion and people receiving the wrong medicines. The nurse told us, "I know I should not do it, but it saves time." We raised this with the manager who told us they would address the situation immediately. We found that the quantities of medicines listed on people's MAR did not always match the numbers of medicines stored at the home. For example, two different medicines had the incorrect number and another did not contain the stock sheet which would have prevented the error from occurring.

During the morning and at lunchtime we observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure they had taken their medicine before recording this. Some people received their medicines on an as and when required basis. We saw when this occurred the staff recorded the reason why, which was in accordance with the individual's protocol.

People told us they felt able to receive the support they required from the staff. One person told us, "If you need someone they usually come pretty much straight away. I get my tablets on time each day and there seem to be enough staff as far as I can tell." Another person said, "If I use my buzzer they do come quickly." We saw that throughout the day there was a staff member present in the communal lounge areas. The manager told us they had changed the way the staff worked and this had resulted in some staff changes. They told us, "We have recruited lots of new staff and had a recent recruitment day, so we could increase our numbers." One staff member said, "We have had a lot of new care staff and it takes time for them to learn everything, but we are getting there now." We observed that people's needs were responded to when they required assistance. This meant there was sufficient staff to support people.

The provider was able to demonstrate they followed recruitment procedures to check that staff were suitable to work with people. We saw records for three staff members which showed that references and police checks had been completed before they commenced employment at the home. One staff member said, "I had to wait until all the check were complete before starting my post."

The care plans documented a range of risk assessments which had been completed. These related to risks associated with people's care and the environment. We saw that where people required equipment to

transfer, there was clear guidance to provide staff with the information they needed to support people safely. We observed staff supporting people to move from one chair to another and use different types of equipment. We observed staff supporting people to be transferred. All the staff we saw showed knowledge in the use of the equipment and provided people with guidance whilst the transfer was being completed to give them reassurance.

People told us they felt safe when they received care. One person said, "I like it here. Yes, I do feel it is safe." A relative we spoke with said, "We feel that our family member is safe and well looked after." We saw that all the staff had been training including office staff and maintenance. One staff member said, "Everyone has a right to feel safe and be looked after. It's important we protect the people visitors and staff." The staff we spoke with were able to explain the things they would report to protect people from harm and the information they required if they needed or wished to contact the local authority. This meant we could be assured people would be protected from harm.

Is the service effective?

Our findings

At our previous inspection on 4 January 2017 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured when people lacked capacity to make decisions they were made in the best interest of the person. At this inspection we found that some improvements had been made, however further improvements were still needed.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

When people lacked the capacity to make decisions for themselves, we saw that assessments had been completed to determine if people were being deprived of their liberty and an application had been made for an approval under DoLS. For example, where people could not leave the home without an escort. However there were no assessments to consider when people used equipment or when they received their medicine. For example, one person was receiving covert medicine. This is when the person is unaware they are receiving them. There had been no assessment completed to consider how this decision had been agreed to be in the person's best interest. Other people were cared for in bed and for their safety used a range of equipment. The use of this equipment had not been considered through a best interest process. This meant we could not be sure the provider was following the guidance and processes in relation to the Act.

Staff had received training in MCA and DoLS, however not all the staff we spoke with were able to explain about the Act and why a DoLS application and its authorisation were required. One staff member said, "I don't know what a DoLS is." Another staff member said, "We have online training for that and I don't understand it completely." We discussed these concerns with the manager who recognised the need for assessments to be decision specific and was looking at how training could be improved for staff.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

We saw that referrals had not always been made to health care professionals in a timely manner. For example, one person's mobility had reduced and this had affected their ability to be supported in their current chair. A referral had not been made to an occupational therapist to consider other options in relation to seating and support. Another person was unable to acknowledge staff when they spoke with them and it had been identified by family that they wear a hearing aid. We saw that the person's care plan

identified the hearing aid was part of their daily care needs; however staff we spoke with were unaware of this. A referral had not been made to audiology to consider options for this person to support their hearing. This meant we could not be sure that people's needs were responded to in a timely manner to cover all aspects of their care.

There were mixed feeling about the meal experience. Upstairs we saw that some people were seated for over 30 minutes before their meal was presented to them. One relative said, "People have to wait longer for their food. Using the new bain-marie has really slowed things down." Some people had their meal in their room as they were cared for in bed. We saw some people had not been adjusted to a position to enable them to access their meal. One person's care plan stated, 'may require verbal prompts and physical assistance with meals'. However, we saw this person was left to manage their meal independently. This person did not eat their meal or receive support to eat. We discussed this with the manager and they acknowledged that this was still an area they needed to make improvements in. Since our inspection visit additional training sessions have been planned to consider how to improve the meal time experience upstairs. The manager told us, "The trainer will look at the specific problems we have to ensure training meets our needs and helps improve mealtimes."

Downstairs the meal experience was more relaxed and people told us they felt included. One person said, "I always get a choice, the food is good." Another person said, "I have a funny stomach but they cater really well for my diet and always provide something suitable for me. You only have to ask and the kitchen staff will cater for it." We saw during the lunchtime there was a pleasant atmosphere with music playing quietly in the background. Some of the people sang along and danced with their arms as they waited for their lunch. Staff interacted with people to make it a social atmosphere.

We saw that the kitchen had catered for different dietary needs and that when required, equipment was provided to promote people's independence. People's weights had been monitored and when required referrals had been made to dieticians or specialist teams.. A health care professional told us, "Any recommendations we have made are followed and referrals are made for patients who are identified as at risk of malnutrition. Staff will ask for clarification of recommendations if needed." This meant people's nutritional needs were being met.

People and relatives told us they felt supported by staff that had been trained to do their job. One person said, "I am helped to move and they are always careful with me." A relative said, "[Name] is now immobile and is supported with transfers. We feel the staff move them safely when they provide care." Staff told us they received training in safe moving and handling. One staff member said, "All the people now have their own sling so were able to discuss how to use the different styles. It's much better as individual and more hygienic." One staff member told us they had received training to support the nursing aspects of their role. For example, in taking blood and managing people's specialist medical equipment.

When staff commenced their employment at the home, we saw they all received a basic induction. This included people working in the office and other roles for the home. One staff member said, "I received all the basic on line training, then some separate support for my role." We that care staff received additional training for their role. The manager was aware of the new national care certificate, this is an introduced for new care workers to develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. We saw staff received training in the care certificate when required.

Is the service caring?

Our findings

Our previous inspection found that whilst the provider was not in breach of any regulations, there were aspects of care that could be improved to ensure people were treated with dignity and respect. During this inspection we found that the provider had taken note of our comments and had made improvements.

People told us they felt respected. One person said, "I am confident in the care and they know me well. I can get up and go to bed whenever I want. They treat me with respect. I tend to stay in the lounge but I can go to my room if I want." Another person said, "They bake a cake for every birthday which I think is wonderful." During our inspection we observed staff asking for consent before supporting people and encouraging independence. For example, when people went to the dining area they were supported to walk with their aids. One staff member said, "We always give people a choice or encourage them with the little things like meals or clothes."

People told us staff knew them well and had established good relationships with them. One person said, "The staff are nice. They are kind and no one is rude. There is always someone who will listen if you have any worries. I like it here; I would rather be at home but I am quite happy here. They have got to know me." We saw staff knew people well and during our inspection we observed many warm and caring interactions. For example, during breakfast one person was patiently attended to, but they kept refusing their food. Several different breakfast options were tried and when they still didn't eat, the staff member gave them a hug and a kiss which brightened the person's mood. Another staff member was observed sitting with a person holding their hand and stroking it. The person seemed to be enjoying this and kept kissing the staff member's hand and laughing. One staff member told us, "It's important people receive a loving touch from another human being." This showed us staff cared about people's wellbeing. Another staff member told us, "There is a real friendship here. We aim to provide care as relatives entrust us to provide that care."

People told us their relatives could visit anytime. One person said, "My family are able to visit me every day and I like it in my room, as I have made it my own." Some relatives were able to join their relative in their room.

Is the service responsive?

Our findings

At our previous inspection on 4 January 2017 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the care plans reflected how people wished to receive their support and that they received appropriate stimulation for their wellbeing. At this inspection we found that improvements had been made.

We saw that improvements had been made to the care plans, which now covered people's life history and preferences. Staff told us they had access to the care plans. One staff member said, "I tend to talk to the person to get to know them." They added, "The information is available in the care plans." We saw that the care plans had been reviewed and we saw any changes had been updated when the persons care needs had changed.

We saw that people's support was not always responsive. One person said, "The staff are marvellous. They are kind and will have a quick chat sometimes but not for long as they are too busy." Another person added, "They all work hard but there aren't enough of them. Staff don't have time for a chat and things like doing nails." Staff told us, "We don't always have time to do the little things, in an afternoon we have one less staff member." Another staff member said, "We could utilise our time better if we have that extra person in the afternoon. We saw one person wandering along the corridors and when they returned to the dining room they proceeded to remove the cutlery from the table. Staff intervened, but were unable to engage the person in another activity and they returned to the table. Some relatives expressed concern with regard to people losing their glasses or the beds not being made when they called in an afternoon. One relative said, "It's the little things which would make the difference." We saw when some people became anxious in a way which was disruptive to others, there were no plans to guide staff on how to support them in a consistent way. This meant we could not be sure that people were able to be responded to when their behaviour changed.

People told us there was a lack of consistency in the stimulation that was on offer. One person said, "I get involved in anything I can. I loved gardening but there is nothing to do. Sometimes I get bored but we do go on some nice outings." We saw one person had on their table a bird box project with instructions and glue. They did not engage with the activity and received no support or encouragement from staff.

A relative said, "They had Bollywood dancing a few weeks ago and they loved that, [name] was talking about it a lot afterwards." During our visit we saw some stimulation offered downstairs, however this was through the peoples own engagement themselves. For example two people chose to play dominoes. The manager told us since the last inspection they had introduced a table upstairs with various items to encourage spontaneous stimulation. We did not see any evidence of this and we saw that some people engaged in painting with support from the activities person. . One relative said, "In reality they hardly do any activities and the ones they do aren't appropriate for many, they are just not thought through." This meant people were not always engaged on a regular basis in areas of interest to them.

In the provider's action plan following the last inspection, they told us people had access to the garden area

when they wished. However people told us they did not have regular access. One person said, "I don't get to go in the garden here." Another said, "We go on trips but don't get out into the garden much." This meant we could not be sure people had access to outside space when they wished.

People felt able to raise any concerns or complaints. One person said, "I have never needed to complain, I feel I could if I needed to." Another person said, "I have never needed to complain and they do ask my opinion on things." A relative told us, "We did complain about our relative's hygiene. It was taken on board and they have increased the number of baths they have." We spoke with the manager about verbal complaints, they had received, we saw these had been addressed. These verbal complaints had been evaluated by the manager, and a summary sheet with the trend analysis was considered .

Is the service well-led?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured they used audits to consider people's safety and to drive improvements within the home. At this inspection we found that some improvements had been made, however further improvement were required.

We saw that care plans had been audited. However we saw that on occasions this information was not followed up to ensure the changes to the overall care plan had been made. We saw that medicine audits had been completed. However, these had not identified when one person who required as and when required medicine did not have the correct protocol in the medicine folder. The protocol had been completed, it was incorrectly filed and this had not been identified in the audit. Therefore staff administering the medicine would not have access to the information. We saw that some medicine information did not have the detailed front sheet with an updated photograph. This meant new or agency staff would not be able to check the details before administering. These areas had not been picked up by the audit. This meant we could not be sure the audits were effective in making the improvements required. We discussed the audits with the manager and they accepted that although things had improved they still have some more work to do. For example, the infection control audit had identified the need for two new mattresses which had been replaced.

We saw that individuals had a plan relating to the level of support they would need if they had to be evacuated in an emergency situation. We saw these had not been updated when people's needs changed. For example, the plan said the person was able to hold their weight and be assisted by one person. We saw in the care plan the person's needs had changed and they now required equipment to be transferred and the assistance of two people. This meant the information would not provide the correct guidance if required when an emergency occurred. We discussed this with the manager, who confirmed the plans were not up to date and they would review them as a matter of urgency.

The manager told us they had held a nurse meeting where they issued the 'nurses code of conduct' policy. Staff had signed to say they had received this. Although there had been a nurses meeting, the nurses had not received competency checks on their practice. This meant we could not be assured that the information provided in the meeting was understood and put into practice to ensure people received safe administration of medicines.

There was a mixed response to the support which was available to staff. Some staff felt they would like more support and opportunities to discuss their role. One staff member said, "I have not had supervision for a while." We saw that a new member of staff had not received a probation meeting or support with their role. They told us, "It would be nice to have the opportunity to talk about my role with the manager or the clinical lead." Other staff told us they felt supported. One person said,

"I have supervision and we have the 10 at 10 meetings, which I feel are like a daily supervision." Other care staff did not feel as supported by the management. One staff member said, "I don't feel comfortable to approach the office or to challenge some of the tasks we are given." This meant we could not be sure there

was always a consistent approach to the support offered to all the staff.

We saw there had been a staff survey, although the manager had not completed an action plan from the issues raised they were able to tell us the action they had taken. For example, information about their contracts. The manager had arranged for the HR team to attend the home. However there were other areas on the survey which had not been addressed, for example, a request for a water cooler and more wheelchairs. The manager advised they would look into these areas and provide staff with feedback from the survey.

The above issues demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that the provider had held a relatives meeting, however this was not very well supported. We saw information relating to the meetings was displayed on the notice board along with information which may be of interest to friends and relatives. For example, the outings which had been planned, relatives were welcome to join the home on these. Some relatives felt they would like to be consulted more in relation to the care plans. One relative said, "We as a family haven't been involved in a care plan or any care reviews." Another relative said, "We haven't been involved in care planning, but they used to have resident of the day but it seems to have stopped." This meant we could not be sure that those important to people had been consulted.

The provider had notified us about important information affecting people and the management of the home. For example when people had a fall and required medical assistance or environmental events which impacted on the service, like the call bell system. This meant we were kept informed of events affecting the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the audits had always been used to support peoples needs and drive improvement. Staff were not all supported with their role.