

Heatherdale Healthcare Limited

# Heatherdale Healthcare Limited

## Inspection report

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Date of inspection visit:  
13 August 2020

Date of publication:  
07 September 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Heatherdale Nursing Home is a nursing home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

### People's experience of using this service and what we found

People's relatives told us they were safe and well cared for at the service. There was a new manager at the service who was receiving a handover from the outgoing registered manager. Some documents such as care plans were not fully completed or contained generic information. Information was not always updated when people's needs changed or was difficult to find. The impact on people was reduced by staff's knowledge and understanding of people's care needs.

The new manager had completed a full audit of the service and had identified the shortfalls found at this inspection. Relatives and staff told us the manager was approachable and communicated effectively.

The service was clean and odour free, additional cleaning had been carried out due to the pandemic. This was not always recorded. Staff had been given information about guidance for managing infection control in relation to COVID 19, however not all staff were fully up to date with guidance. These are areas for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 20 February 2020).

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about management of risks, infection control and good governance. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about management of risks, infection control and good governance.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

#### Service and service type

Heatherdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to check if the service had any active cases of COVID 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the provider, registered manager, manager, senior care workers, care workers and housekeeping staff.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with two relatives about their experience of the care provided. We spoke with three additional members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about risk management and infection control. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- Relatives told us they felt their loved one was safe and well cared for at the service. One relative said, "The atmosphere is very good, which leads to people feeling safe and happy. The staff respond to people's needs quickly and always take action to keep them safe."
- Risks to people were assessed and plans were in place to minimise risk. However, some risk plans would benefit from having more detail and being more person centred. For example, some people could become distressed and could display behaviours which could be challenging to others. The risk assessments related to this contained very little detail on what could trigger the person to be distressed or how staff should reassure them.
- Plans to manage the risk of the breakdown of people's skin were detailed and included information about the person's preferences.
- When people were at risk of choking, staff had worked with a speech and language therapist to plan how to keep the person safe. This included details of how the person should sit, the consistency of their food and the use of PEG tubes. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.
- Risks to the environment had been assessed and actions had been taken to minimise risks such as regular servicing of moving and handling equipment.

### Preventing and controlling infection

- The service was clean and odour free, staff wore PPE when supporting people to reduce the risk of spread of infection, and there was a good supply of this. Staff took responsibility for ensuring the premises remained clean and a pleasant environment for people to live.
- Whilst some measures had been put in place in response to COVID 19 infections, this was not consistent. For example, only 50% of staff had completed additional COVID 19 training. Not all staff were up to date with latest guidance for example, in relation how laundry from COVID infected people should be managed. The manager included in their action plan to complete COVID 19 training for the remaining staff and to ensure staff had access to and understood the most up to date guidance.
- Staff told us cleaning had been increased such as additional cleaning of areas such as door handles to minimise the spread of infection. These additional tasks were not recorded, this is an area for improvement.
- People were admitted to the service only after appropriate assessment and confirmation of a negative COVID 19 test, upon arrival they were isolated in their room for seven days as an added precautionary measure.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had not always completed documentation fully or accurately. Some care plans were missing information, others contained contradictory information. Complaints records did not always contain an outcome and information if the complainant was happy with the outcome.
- A new manager had been in post for five weeks and who was in the process of applying to be registered with CQC. They were working alongside the outgoing previous registered manager to receive a handover. The new manager had completed a number of audits and had an action plan of improvements, the action plan included the shortfalls identified at this inspection.
- Staff had completed regular audits to monitor the quality of the service. Previously shortfalls had not always been addressed. However, since the new manager had been in post, action had been taken to address shortfalls and a plan was in place to improve documentation such as care plans.
- Staff told us the new manager was clear about their roles and expectations. They were given the opportunity to give input and understand how what they were asked to do met regulatory requirements.
- The provider and manager were aware of their responsibilities in relation to duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff told us the new manager was approachable and willing to listen.
- Relatives told us that communication with the service had been very effective, especially during the pandemic. One relative said, "The manager and staff always keep us up to date and help us keep in touch with our loved one. I am happy to raise any concerns and I have, they have always been responded too and resolved."
- Regular residents' meetings were being held and the new manager had arranged to speak to those who did not like group meetings to hear from them about what was going well and what could be improved.

