

Heathfield (Horsham) Limited

Heathfield (Horsham) Limited

Inspection report

88 Hurst Road
Horsham
West Sussex
RH12 2DX

Tel: 01403254055
Website: www.heathfield.care

Date of inspection visit:
13 May 2021

Date of publication:
09 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heathfield (Horsham) Limited is a residential care home providing personal care and accommodation for up to 36 older people. At the time of the inspection 26 people were living at the service. Heathfield (Horsham) Limited accommodates people in one adapted building.

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

There was not an adequate process for assessing and monitoring the quality of the services provided and that records were accurate and complete. People's care plans and risk assessments lacked important detail to guide staff on how to keep people safe. People did not always receive timely support with pain relief, guidance for staff about what to do when people refused prescribed medicine was not available in people's care or medicine records.

Aspects of leadership and governance of the service were not effective in identifying some service shortfalls, such as failing to assess, monitor and mitigate risks relating to the health and safety and welfare of people and medicine administration.

People were relaxed, comfortable and happy in the company of staff and told us they felt safe. People's independence was considered important by staff and their privacy and dignity was promoted. Staff had a caring approach to their work, which was observed at inspection.

People and their relatives had the opportunity to share their views about the service and felt they were listened too.

People and relatives spoke confidently about the registered manager and were positive in their feedback. One person said, "She is marvellous." A relative told us the registered manager was, "Very approachable, fair, deals with things."

Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 June 2019). We also carried out an infection prevention and control inspection (published 10 August 2020) This inspection was not rated.

Why we inspected

The inspection was prompted in part due to concerns received about falls, pain relief and management of the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to Key Questions, Safe and Well-led. The ratings from the previous comprehensive inspection for the key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathfield (Horsham) limited on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17- Good Governance. There was a failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate, complete and contemporaneous records were not always maintained regarding people's care and Regulation 12- Safe Care and Treatment. The provider had failed to ensure that staff had sufficient guidance to administer medicines. There was a failure to assess and manage risks relating to people's health and welfare.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Heathfield (Horsham) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heathfield (Horsham) Limited 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 are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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. We reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, administration manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who knew the service.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Safe processes for medicines management were not always adhered to and records were unclear. For example, as and when required medicine (PRN) was often recorded on the medicine record sheet as offered but refused, while being recorded on the PRN records as given. Staff were making individual judgments about when to offer and how to record PRN medicine. This meant that people could not be assured of receiving their medicines safely.
- Medicines were not always received, stored, administered and disposed of safely.
- PRN protocols for medicines prescribed for pain relief that required more specific storage and monitoring measures were not sufficiently detailed and did not guide staff on next steps if medicine was refused. This had resulted in a person not receiving the pain relief they needed.
- Staff were not following safe practice requirements or the providers own policy and training for giving medicines. For example, we observed staff signing the medicine administration record before the medicine was given to the person rather than after. This was raised with the registered manager, who spoke to the staff during the inspection.
- Risk assessments for people were generic and not personalised. They lacked detail and personalised information relating to specific health care needs. For example, one person's risk assessment had type 2 diabetes recorded as a risk but the assessment had not identified what the risks of this condition were or what actions staff needed to take to mitigate the risks. Staff understanding of diabetes varied, training had been sourced but not implemented at the time of the inspection. This meant that people could not be assured of receiving appropriate and safe care and treatment to manage their diabetes.

The provider had failed to robustly assess the risks relating to the health, safety and welfare of people, doing all that is reasonably practicable to mitigate any such risks and the proper safe and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the need to record and report issues. For example, staff explained the falls protocol. This included checking for injury and monitoring actions staff needed to follow.
- The provider had a robust system for the checking and servicing of equipment. We found servicing was carried out in a timely way and where the Covid-19 pandemic had meant a disruption to the normal servicing regime, ways around this had been considered.

Staffing and recruitment

- People were not always protected by safe recruitment processes. Staff had pre employment checks, which

included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references but did not include taking a full work history. This meant the provider was unable to be assured gaps in staff work history were explored and risk assessed. This was raised with the registered manager who assured us this would be addressed immediately.

- There were enough staff on duty. People told us they received care and support in a timely way. Our observations and the records confirmed this.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The provider had not kept up to date with government guidance. Therefore, the visiting area, used by additional visitors, had not been reviewed to ensure best practice for visits to reduce the potential risk of spreading infection. For example, the screen between the person and the visitor was not substantial and the visiting area was only separated from a communal area by fabric screens. We received confirmation from the registered manager following the inspection, new arrangements to re locate the visiting area to meet the guidance had been made.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service. There had been no new admissions during the pandemic.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. All staff confirmed infection control training and additional training due to the pandemic including donning/doffing, PPE use and training on Lateral flow Device (LFD) tests.

- We were assured that the provider's infection prevention and control policy was up to date

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. There was a clear policy for visitors, this included Covid-19 testing and the use of personal protective equipment (PPE). People had nominated visitors they could meet in their rooms. A visitor told us there was a booking system and the service was flexible accommodating visits in the evenings and at weekends to suit people's needs.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.

- Staff were clear about their responsibilities in relation to safeguarding and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training.

- People told us they felt safe and knew who to tell if they didn't. One person told us, "Yes, I feel safe, I don't want to go home." A relative said "(name) has been here 14 years and feels totally safe."

Learning lessons when things go wrong

- The provider had not always learnt lessons when things had gone wrong. Recommendations from the previous inspection report had not been fully met. This is covered in more detail in the Well-Led section of this report.

- Incidents and accidents were recorded and monitored on a monthly audit, with actions taken to reduce the risk of reoccurrence. For example, one person had a fall and changes were made to their use of a sensor mat to mitigate the further risk of a fall.

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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

At the last inspection we recommended the provider seek advice and guidance from a reputable source, about how to record /assess people's needs and choices; in line with standards, guidance and the law. At this inspection we found this was still an area that required improvement.

- The registered manager told us they contacted a company to provide them with updated policies and procedures, however this had not resulted in improvements to assessing and recording people's needs and choices.
- Processes for auditing medicines had failed to identify staff did not have enough guidance to enable them to safely make decisions about when to offer PRN medicines and what steps to take if people refused.
- Systems and processes for quality monitoring were not effective and had failed to identify the lack of detailed health information in people's care records. Some information contained within care plans was not up to date and not reflective of people's current care needs. Although there was an update sheet in place that had brief details of changes to people's needs, risk assessments were not updated to reflect the changes identified.
- Processes for quality audit had failed to identify a lack of personalised information within people's care plans and risk assessments. People's preferences and abilities had not been captured. There was a lack of guidance for staff to ensure they provided personalised support in line with people's preferences and needs.

The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate, complete and contemporaneous records were not always maintained regarding people's care and the provider had failed to act on feedback from the recommendation in the last report to improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- People and their relatives told us they had regular contact with the registered manager and staff who

spoke to them to obtain their views about the service and ensure they were happy and satisfied with how they were supported. One person told us. "I love it here; I feel like I belong."

- People and their relatives told us they had been very well supported throughout the COVID-19 pandemic and kept up to date with changes. One relative said, "They handled Covid brilliantly, very flexible with arranging visiting times to suit (name)."
- People and staff were able to share ideas or concerns with the management. One person told us "(registered manager) is lovely, we had a resident meeting last week, we could raise things."
- Staff understood their responsibilities and told us, they were listened to and valued. One staff member told us, "I think this is one of the nicest and best homes I have worked in, it's very safe."
- We observed staff talking with people in a friendly, dignified and respectful way. People were encouraged to do things for themselves but staff stepped in to assist when needed.
- The management team worked with other health and social care professionals to seek guidance and support with health care.

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

- Records showed that when incidents had happened, families had been communicated with in a timely way. One relative said, "They keep me informed about everything, even the slightest little bruise."
- People and relatives told felt able to speak openly to the registered manager and care staff. They told us there was open and honest communication.
- The registered manager was open and transparent throughout the inspection and demonstrated a willingness to improve the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that staff had sufficient guidance to administer medicines. There was a failure to assess and manage risks relating to people's health and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate, complete and contemporaneous records were not always maintained regarding people's care.