

The Heathers Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 01 June 2016 and was unannounced. At our last comprehensive inspection on 18 November 2015 we found a breach of legal requirements because staff had not always received refresher training and support through regular supervision, in line with the provider's policy. The provider wrote to us following that inspection and told us the action they would take to address the breach.

At this inspection we found that improvements had been made in this area and that the provider was compliant with the relevant regulation. However, we found a further breach of regulations because people had not always received their medicines as prescribed and records relating to the administration of people's medicines had not always been accurately maintained. You can see the action we have told the provider to take in respect of this breach at the back of our report.

The Heathers Residential Care Home provides accommodation, care and support for up to 14 people who are primarily elderly and physically frail. At the time of our inspection there were eleven people using the service. The home had 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.

We found that improvements had been made regarding the arrangements in place to deal with emergencies and that risks to people had been assessed and monitored. Staff had taken action to reduce the level of risk to people where risks had been identified. There were sufficient staff deployed within the service to meet people's needs and the provider followed safe recruitment practices, although improvement was required to ensure the service maintained records which included copies of staff identification including a recent photograph.

People were protected from the risk of abuse because staff had received relevant safeguarding training and knew the action to take if they suspected abuse had occurred. Staff underwent an induction when starting work at the service and received training and supervision in support of their roles. People told us they enjoyed the food on offer at the service and that they had sufficient amounts to eat and drink. Staff were aware of the importance of seeking consent when offering support to people and worked within the requirements of the Mental Capacity Act 2005 (MCA) where people lacked capacity to make specific decisions. The registered manager had made appropriate applications to ensure people were only lawfully deprived of their liberty in the interests of their wellbeing under the Deprivation of Liberty Safeguards (DoLS).

People told us that the staff were compassionate and caring. Staff worked in ways which promoted people's dignity and independence, and respected their privacy. People were involved in day to day decisions about their care and treatment. They had care plans in place which had been developed based on an assessment of their needs and included information about their views and preferences. People were aware of how to

raise a complaint and told us they had confidence that any concerns they raised would be addressed to their satisfaction. They also had access to a range of healthcare professionals in support of their health and wellbeing when required.

The provider had quality assurance systems in place to help identify issues and drive improvements. However improvements were required to ensure these checks were consistently undertaken on a regular basis. People's views on the running of the service were sought through regular service user meetings and an annual survey and the provider took action to make changes to the service in line with people's feedback. People also told us that the service was well managed and staff expressed confidence in the registered manager and the support they received in carrying out their roles.

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.

Medicines were not always administered to people as prescribed and accurate records relating to the administration of people's medicines had not always been maintained.

Risks to people had been assessed and monitored. Staff were aware of the action to take to ensure risks to people were minimised.

There were sufficient staff on duty to meet people's needs and the provider followed safe recruitment practices although improvement was required to ensure copies of identification including a recent photograph were maintained on file for all staff.

There were procedures in place to deal with emergencies. People were protected from the risk of abuse because staff were aware of the signs to look out for and the action to take if they suspected abuse had occurred.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received support through regular supervision and an annual appraisal. They also received training in areas considered mandatory by the provider and refresher training in line with the provider's policy to ensure they remained up to date with current best practice.

People told us they enjoyed the food on offer at the service and that they received enough to eat and drink.

Staff sought consent when offering support to people and worked within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to a range of healthcare professionals when required, in support of their health and wellbeing.

Good ●

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and compassionate. We observed caring interactions between staff and people during our inspection.

People were involved in day to day decisions about their care and treatment and staff consulted them on their care needs.

People were treated with dignity and respect. Staff worked in ways which promoted and maintained people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plans which were based on their individual needs and included information about their views and preferences.

People were supported to undertake a range of activities which met their need for social stimulation and reflected their interests.

People knew how to raise a complaint and told us they had confidence that any concerns they raised would be dealt with appropriately by the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had quality assurance systems in place which identified issues and drove improvements at the service. However, some audits and checks were not consistently conducted on a regular basis to ensure any issues were identified promptly.

People and staff commented positively about the management of the service. They told us the registered manager was available to offer guidance and support when required.

People's views about the service were sought through service user meetings and an annual survey and the provider acted on people's feedback to make improvements at the service.

The Heathers Residential Care Home

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 01 June 2016 and was unannounced. The inspection team consisted of a single adult social care inspector. 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.

Prior to our inspection we looked at the information we held about the service. This included the PIR and information from any notifications submitted to CQC by the service. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for their views about the service. We used this information to inform our inspection planning.

During the inspection we spoke with five people living at the service, one relative, a visiting district nurse and four staff including the registered manager. We looked at records, including four people's care records, four staff recruitment files, staff training records and other records related to the management of the service such as minutes from meetings, audits and maintenance records. We also spent time observing the support people received from staff. Following our inspection we contacted another district nurse and a GP who both regularly visited the service and asked them for their feedback.

Is the service safe?

Our findings

At our last comprehensive inspection on 18 November 2015 we found that improvements were required to ensure records relating to the administration of people's medicines were accurate, and medicines were stored at a safe temperature. At this inspection we found that the registered manager had taken action to ensure that medicines were kept securely within the identified temperature range for safe storage of medicines and that daily checks were made of the storage area temperature to ensure medicines remained effective and safe for use.

However, we found that accurate records of the administration of people's medicines had not always been maintained. For example, where boxed medicines had been carried forward from the previous four week cycle, the number of doses carried forward had not always been recorded. This meant we were not always able to reconcile the number of remaining doses with the number signed for by staff as having been administered to ensure records were accurate and that people had received their medicines correctly.

We also found that people had not always received their medicines as prescribed. For example, we found that an additional dose of one person's medicine was missing from their Monitored Dosage System (MDS) with no noted record as the reason why. This meant the person was at risk of having received an additional dose of the medicine at some point during the current medicine cycle. We also found that another person's remaining medicines contained one more dose than should have been the case when cross referenced with their Medication Administration Record (MAR). This meant there was a risk that staff had signed to confirm administration of a dose that had not been given. Additionally we found that five of the eleven staff responsible for administering medicines were overdue refresher training and an assessment to ensure they were competent to administer medicines safely.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager took action during our inspection to ensure the safety of the person who may have received an additional dose of one medicine by contacting their GP and following their instructions. We also spoke to the GP who told us they were not aware of any similar previous incidents at the service and that staff supported people with any new or repeat prescription requests appropriately.

At our last comprehensive inspection on 18 November 2015 we found that improvements were required regarding the arrangements in place at the service to deal with emergencies because we were unable to determine when the last fire drill had been conducted and people did not have Personal Emergency Evacuation Plans (PEEPs) in place. At this inspection we found there were appropriate arrangements in place to deal with emergencies. The registered manager had put PEEPs in place for each person living at the home which identified the level of support they would require to evacuate the service in the event of an emergency. Records showed that regular fire drills were conducted at the service and staff we spoke with knew the action to take in the event of a fire or medical emergency.

People and their relatives told us they felt secure and happy at the service. One person told us, "I feel quite safe here." Another person told us, "The staff are great; I have no concerns." A visiting relative also confirmed

that they had no issues in respect of safety at the service and that they were pleased with the standard of care their loved one received.

The provider had a safeguarding adults policy and procedure in place which gave guidance to staff on how to identify any potential abuse and the action to take in the event they suspected abuse had occurred. Records showed that staff had undergone safeguarding training which was refreshed on a regular basis.

Staff we spoke with were aware of the types of abuse which could occur and the process to follow if they had any concerns. They told us they would report any suspected abuse to the registered manager in the first instance but knew to contact the local safeguarding team if the registered manager was not available or if they felt that their concerns had not been dealt with appropriately. However they also told us that they had confidence that the registered manager would follow up on any allegations promptly. The registered manager confirmed that they were the safeguarding lead for the service and demonstrated a good understanding of their role in ensuring people at the service were safeguarded.

The provider followed safe recruitment practices, although improvement was required to ensure that copies of relevant information relating to all staff members was maintained on file by the service. We saw that checks had been made on new applicants to ensure their suitability for the roles they were applying for. These included confirmation of their identity, criminal records checks, references and details of their employment history. However, improvement was required because one staff member's file did not contain proof of identity which included a recent photograph, as required. We spoke to the registered manager about this and she told us she would address this issue with the staff member in question, although we were unable to check on the outcome of this during our inspection.

People and relatives told us there were sufficient staff deployed with in the service to safely meet their needs. One person told us, "They're [staff] always available when I need them." A relative said, "There are enough staff on duty when we visit and we see the same staff regularly which is a good thing." Staff also told us that they felt there were enough staff on duty to safely meet people's needs, although shifts could be challenging. One staff member told us, "It's harder over the weekends as we don't have an activities co-ordinator working, but people get the support they need and are safe." We saw staff were on hand and available to provide support to people promptly when needed and that the number of staff on duty reflected the planned staffing levels.

Risks to people had been assessed in areas including nutrition, mobility, skin integrity and falls. We saw that action had been taken where risks had been identified in order to reduce the level of risk to people. For example one person who had suffered a significant number of falls had been referred to the falls clinic and their medicines had subsequently been reviewed and adjusted. Records showed that this had resulted in their suffering from falls less frequently. In another example, we noted that improvements had been made regarding one person's skin integrity after staff had identified the issue and contacted the GP for advice.

Risk assessments had been reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs. We noted that staff had identified an increase in risk around one person's mobility at a recent review but had not included any information in the review as to the reasons for the change. We spoke to the registered manager about this and she updated the risk assessment during our inspection.

Is the service effective?

Our findings

At our last comprehensive inspection on 18 November 2015 we found a breach of regulations because staff were not always up to date with training considered mandatory by the provider and because staff had not received support through regular supervision, in line with the provider's policy. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that the provider had taken appropriate action and that the requirements of the regulations had been met.

People and relatives told us they believed staff were well trained and had the necessary skills to perform their roles to a good standard. One person told us, "The staff know what they're doing." Another person said, "The staff are competent and very helpful." A visiting relative told us, "We're very happy; the standard of care here is good."

Staff had received training in areas considered mandatory by the provider which included safeguarding, food hygiene, moving and handling, health and safety, and dementia awareness. Where staff were due refresher training, courses had been scheduled. Staff we spoke with told us they felt the training they received gave them the necessary skills to perform their roles well. One staff member told us, "We get plenty of training which is good. I feel confident in the way I support the residents."

Staff also confirmed that they'd completed an induction when starting work at the service which included shadowing more experienced colleagues in order to learn how to support people in the way they preferred as well as time spent familiarising themselves with the provider's policies and procedures.

Records showed that all staff had received supervision and an annual appraisal of their performance during the previous six months, in line with the provider's supervision policy. Staff we spoke with told us that the registered manager also provided informal support and guidance to them on a day to day basis when required. One staff member said, "The supervision we receive is helpful; I can discuss aspects of my job and any worries I have and the manager is always constructive with her feedback."

People told us their nutritional needs were met by the service. Most people commented positively about the food on offer although one person told us the options available were better on some days than others. One person said, "I'm very happy with the meals; the food's very good." Another person told us, "The food's fine. I don't have any problem with it." The registered manager told us that the menu was developed in discussion with people and whilst a set meal was planned for each day, other options were available for people if they didn't like the main meal on offer. People we spoke with confirmed that their preferences were catered for. One person told us, "I asked if we could have an occasional curry and they arranged that which is great."

Staff were aware of people's specific dietary needs, for example they knew which people had cultural dietary requirements or medical conditions such as diabetes. They told us they took this information into account when preparing people's meals. We noted that staff supported people in a relaxed and unhurried manner during the lunchtime meal on the day of our inspection. People were offered a choice of drinks and staff were on hand to support them promptly when required, for example by cutting up food for people when

they were unable to do so themselves.

Staff told us they sought consent from people when offering them support to ensure they were happy with the care they received. One staff member said, "We respect people's wishes here. If they don't want to do something such as have a wash when I offer to help them, then I'll accept that and try again later." Another staff member described the signs they looked for when supporting one person who did not always communicate their views verbally. They told us, "It's quite clear when [the person] doesn't want support and we would always respect their decision."

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 they lack 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 so that they can 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.

Staff had received training on the MCA and were aware of how it applied to them in their roles. We saw examples of mental capacity assessments having been conducted and best interests decisions made on peoples' behalf in line with the requirements of the MCA around specific decisions such as the use of covert medicine administration. Where best interests decisions had been made we saw that relatives and healthcare professionals had been consulted, where appropriate. We noted that one person's records showed that they lacked capacity to make certain decisions, but that no assessment had been made for the use of the bed rails that were in place on their bed. We talked to the registered manager about this and she confirmed that the person was unlikely to have capacity to make a decision about their use. The registered manager addressed this issue during our inspection by conducting a mental capacity assessment and contacting the person's family to discuss the decision to use the bed rails in the person's best interest.

The registered manager had submitted DoLS authorisation requests to the relevant local authority where the service considered people to be deprived of their liberty and we saw one example of a request having been authorised. The registered manager also told us that she was aware to look out for any conditions that may be placed on a person's DoLS authorisation, in order to ensure the service was following the least restrictive practice when depriving a person of their liberty. However, the DoLS authorisation that we reviewed did not have any conditions placed on it at the time of our inspection.

People had access to a range of healthcare professionals when required in support of their health and wellbeing. Records showed that people received treatment and support from healthcare services including a GP, district nurse, Speech and Language Therapist (SALT), optician and dentist when required. Following our inspection we contacted a district nurse and GP who had regular involvement with people at the service and they both spoke positively about the care people received. They told us that they were in regular communication with the registered manager and felt confident that any recommendations they made in support of people's health requirements were followed by staff.

Is the service caring?

Our findings

People and relatives told us staff at the service were caring and compassionate. One person told us, "The staff are all very caring and friendly." Another person said, "The staff are great; they're all very helpful." A visiting relative told us, "The care here is good; [their loved one] is well looked after." A district nurse who regularly visited the service also commented positively about the caring nature of the staff and told us, "It's the sort of place I'd be happy for my family members to live, if they needed support."

We observed caring interactions by staff when supporting people at the service throughout our inspection. People were relaxed in the company of staff and responded in a positive manner to the support they were offered. For example one staff member took time supporting a person to mobilise and received a friendly hug from the person before they sat down. The atmosphere within the service was calm throughout our inspection, and we observed staff and people sharing jokes and enjoying each other's company.

Staff demonstrated a good knowledge of the people they supported and knew their preferences in the way they liked to be supported. It was clear from the conversations they held that they were aware of people's life histories and the things that were important to them, and that this helped people to feel comfortable and at ease whilst receiving support.

The provider had developed a service user guide which provided people with information about what they could expect from the service. This included details about the service's aims and objectives, as well as information about the facilities available within the home, the range of needs which the service was able to cater for, and how people could provide feedback about their views on the service.

People were involved in making day to day decisions about their care and treatment. We observed staff offering people choices in the care they received, and staff we spoke with confirmed they respected people's wishes and worked in support of their preferences wherever they were able to. One person told us, "The staff discuss everything with me; I'm very happy with the care I receive." Another person said, "I choose when I want to do things and staff are happy to help when I need a hand."

People told us they were treated with dignity and that their privacy was respected. One person said, "The staff are all very polite." Another person told us, "I think the staff respect everyone's privacy; I've not seen anything that's given me cause to be concerned." Staff we spoke with described how they worked to ensure people's privacy was respected, for example by knocking on people's doors before entering their rooms, and ensuring doors and curtains were closed when supporting people with their personal care.

People's diverse needs were considered by the service. The registered manager told us the service took into account any support needs people had with regards to their disability, race, religion, sexual orientation and gender. Spiritual support was available to people within the service where requested and staff were aware of any specific cultural requirements people had in respect of their diets.

Is the service responsive?

Our findings

People and relatives, where appropriate, told us they had been involved in discussions with staff about the planning of their care. One person said, "The details of my care plan have been discussed with me to make sure I'm happy with the care I receive." A visiting relative said, "We've contributed to the care plan and are kept informed if anything changes."

People's needs were assessed before they moved into the home to ensure that service was able to meet their requirements. The registered manager had developed care plans based on these needs assessments which took into account people's views. The developed care plans covered areas including mobility, nutrition, continence and night time support needs. These had been reviewed on a regular basis to ensure they remained reflective of people's current needs and preferences.

People's care plans also contained detailed information about their life histories, likes and dislikes, and the things that were important to them. Staff we spoke with knew the details of people's care plans and their individual preferences in the way they were supported. They told us they encouraged people to be independent wherever possible but also recognised that some people's ability to support themselves in certain areas fluctuated so knew to be available to offer support when it was required. For example one staff member described how one person was sometimes able to independently brush their teeth, but on other days required support to put toothpaste on the brush.

People were supported to participate in a range of activities and follow their interests. Activities on offer included arts and crafts, board games and quizzes. The service also arranged entertainment for people including visits to the service from singers and musicians, as well as trips to a garden centre or for pub lunches. One person told us they enjoyed listening to music in their room which they were free to do when they wished and another person said, "They [the staff] do a good job keeping us entertained."

People were supported to maintain the relationships that were important to them. Relatives confirmed that they were able to visit people when they wished. One relative said, "We're always welcome; the staff are always happy to see us. We're kept well informed about [their loved one]." The registered manager told us that the service held events which they encouraged family and friends to attend. For example we saw that a garden party was planned for the upcoming weekend to which everyone was welcome.

The provider had a complaints policy and procedure in place and on display within the service. This gave guidance to people on how to raise concerns and the action the registered manager would take in responding after the issue had been investigated. The procedure also included details on how complaints could be escalated to external bodies if the person complaining remained unhappy with the outcome.

People and relatives told us they knew how to raise a complaint. One person said, "I've never had to complain about the service, but I'd just speak to the manager if I had a problem; she'd sort it out." A relative told us, "I'm confident the manager would address anything I had concerns about." Records showed that the provider had received one complaint in the time since our last inspection which the registered manager

was in the process of investigating. We were therefore unable to check on the outcome of this complaint at the time of our inspection.

Is the service well-led?

Our findings

The provider had quality assurance systems in place to help identify issues and drive improvements within the service but improvement was required to ensure these systems were consistently used on a regular basis in order to identify issues promptly. The registered manager had conducted audits of people's care plans and medicines as well as checks on health and safety and environmental areas. Action had been taken where issues had been identified. For example, a recent care plan audit had identified that one person had not received their monthly blood pressure check and records showed that this was subsequently addressed. In another example we saw the registered manager had identified a potential issue with one person's medicine during the last medicines audit and had sought feedback from the pharmacist to ensure there were no concerns.

However, improvement was required because some checks and audits had not been conducted frequently, in line with the provider's policy. For example, the registered manager confirmed that health and safety audits should be conducted on a monthly basis but records showed that an audit had not been conducted for several months. We also found that the provider's fire risk assessment recommended an annual review which had been due in February 2016, but the registered manager confirmed the review had not yet been conducted. This meant that there was a risk that any concerns in these areas may not be promptly identified and addressed in the interests of people's safety. Additionally, whilst medicines audits had identified issues which had been addressed, we noted that these had only been conducted on a quarterly basis which meant there was a risk of any issues such as those we found during this inspection not being acted on promptly. The registered manager told us they would arrange for a review of the fire risk assessment, conduct a health and safety audit and increase the frequency of the medicines audits although we were unable to check on the outcome of these actions at the time of our inspection.

People and relatives spoke highly about the leadership of the service. They told us that staff worked in an open and transparent manner and that the day to day atmosphere within the home was friendly and positive. One person told us, "Everyone here is very nice. They can't do enough to help." A visiting relative told us, "The manager is great; very approachable." We also spoke with a healthcare professional who regularly visited the service and they commented positively about the culture of the service and how staff treated people as individuals in an environment that felt more like a home than a service.

People were able to share their views on the running of the service at service user meetings. One person told us, "They hold the meetings to make sure we're happy with the care here. At the last meeting we discussed options for activities and the menu. They've since catered for my requests." Records showed that other areas discussed during a recent residents meeting included the implementation of a staff photo board which had been implemented as a result of feedback during the meeting, staff changes and people's views on the laundry service at the home.

People were also invited to provide feedback about the service through an annual survey. The most recent survey had been conducted at the end of 2015 and included questions about the standard of care people received, whether they were able to express their views about the service, the quality of the food, whether

people felt they had choices in their daily lives, and whether they felt listened to by staff. We noted that the responses received were all positive, with no concerns raised about any aspect of the support people received.

There was a registered manager in post at the time of our inspection. She understood the requirements of being a registered manager and the responsibilities of the position under current legislation, including the Health and Social Care Act 2008.

Staff we spoke with told us the registered manager demonstrated clear leadership and was supportive of them in their roles. One staff member told us, "The manager is always there if you have a question or concern. She's helped me whenever I've had any issues, both work related and personally." Another staff member said, "You can talk to her [the registered manager] at any time; she has an open door policy." A third staff member explained that the registered manager encouraged good teamwork and listened and acted upon their views. For example, they told us that they had raised concerns about leaves from a tree creating a slip hazard for people who liked to go out on the decking in the back garden and that this had been assessed and the tree removed as a result.

The registered manager held quarterly staff meetings to discuss aspects of the running of the service, people's needs and any areas she had identified as requiring improvement. Records showed that areas discussed at the last team meeting had included feedback about updates to people's care plans in order to make them more person centred, an update on the training schedule as well as discussions about the kitchen and laundry. We noted that improvements had been made in the areas discussed. For example, people's care plans included more detail about their views and life histories, and improvements had been made in regard to any outstanding refresher training staff required.

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 did not take formal enforcement action at this stage. 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 Medicines were not always safely managed.