

Heartwell Care Ltd

Heartwell House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heartwell House Residential Care Home is a residential care home providing personal and nursing care to 13 people at the time of the inspection. The service can support up to 13 people. This service is also a domiciliary care agency to provide personal care to people living in their own homes but no one was receiving care at home.

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

Based on our review of key questions of Safe and Well-led. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The provider made sure people were provided with care and support in a safe and clean environment. The provider was responsive and made safe the staircase used by people to access the upper floor. The areas with ongoing building works had been secured to protect people from the risk of hazards.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff made sure people received information about medicines in a way they could understand.

Staff supported people to have the maximum possible choice, control and independence so they had control over their own lives. Staff encouraged people to take part in activities of interest to have a fulfilling and meaningful everyday life.

Right Care

People's dignity and human rights were promoted, and people were encouraged to make day to day decisions about the activities and events they wished to participate in. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so.

Staff recruitment processes promoted safety. Staff had training on how to recognise and report abuse and

knew how to apply it. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People were supported by skilled staff who provided one-to-one support for people take part in activities, and visits and when they wanted.

Staff restricted people's freedom based only on their individual needs and in line with the law.

Right culture

The provider was responsive to our feedback and assured us they would strengthen the systems used to monitor the quality of service in relation to people's care plans and staffing. The provider told us they were in the process to recruit a manager for the service. They also assured us the reporting procedures would be revised to ensure staff notified CQC promptly about significant events that affects people's safety.

People's quality of life was enhanced by the service's culture. Staff respected people's rights and acted upon people's views. The provider sought the views of people individually, in house meetings and through surveys.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 December 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to check whether enough improvements had been made to meet the regulations. We also checked the service is applying the principles of Right support Right care Right culture.

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.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Heartwell House Residential Care Home

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 Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, (Safe care and treatment), and Regulation 17 (Good Governance) and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This inspection was carried out by one inspector.

Service and service type

Heartwell House Residential Care 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.

Registered Manager

The service did not have a manager registered with the Care Quality Commission. This means the provider was 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 six people who used the service and a relative about their experience of the care provided. Some people who shared their experiences spoke in their preferred language which was not English and those who were unable to talk with us used different ways of communicating including using gestures and their body language. We spent time observing interactions between staff and people to help us understand their experience of the care and support provided.

We spoke with six members of staff including the nominated individual, the deputy manager, senior carers and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at two staff files in relation to recruitment and staff support. 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, quality assurance records and policies and procedures.

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. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider failed to provide adequate staffing numbers to protect people from risks and provide a safe environment within the service. This was a breach of Regulation 12 Safe care and treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12.

Staffing and recruitment

- Safe staff recruitment procedures were followed. Recruitment checks undertaken included references and checks with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions.
- People told us there were enough staff to support them. A relative said, "I've got no concerns about the staffing levels here. It's always the same staff. If [Name] wants to go out then a staff [member] will always go with [them] because [they are] not good with roads."
- A dependency tool was used to calculate the number of staff required, which took account of people's needs. Staff told us and the rotas showed there were enough staff to meet people's needs. This included a staff member providing one-to-one support to a person who was unwell.

Assessing risk, safety monitoring and management

- We identified one staircase had unsafe flooring and sharp edges, which put people's safety at risk. We raised this with the provider, and they agreed to take immediate action. Following the inspection visit the provider sent evidence to show new flooring had been fitted to make the staircase safe.
- The provider had improved the safety within the home environment. Window restrictors had been fitted to reduce the risk of people falling from the first-floor window openings and to prevent unwanted intruders. There were ongoing building works, which was secured to prevent people from accessing the area as there were multiple hazards and risks.
- Maintenance records showed checks were carried out on fire safety, gas, electricity, water and equipment to ensure these remained safe. Individual personal emergency evacuation plan (PEEP) instructed staff how to support people to leave the service safely in an emergency.
- People were supported to keep safe but without imposing unnecessary restrictions on them. One person said, "I've got more freedom here. I can go out when I want to, I just let the staff know I'm going out."
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One person told us they were looking forward to a special family event in the summer.
- A range of care and risk care plans were in place which included positive behaviour support plans. This

included guidance and interventions for staff to provide safe and appropriate support in the event they became distressed or anxious. Physical restraint was never used.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received training in MCA, and we observed staff supported people to make decisions. Staff told us the actions they would take if a person was unable to make a decision.
- People were supported to use advocacy services to promote their rights and choices.
- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision we saw evidence that best interest decisions had been made with the involvement of the relevant people.
- Staff knew about the conditions on the DoLS and described their role to ensure those conditions were being met. The DoLS care plans did not provide enough information about the conditions, however, the care records completed by staff showed conditions were being met. This was raised with the deputy manager and they agreed to take immediate action.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from abuse. Staff were trained in this area and knew how to report concerns about people's safety. A staff member said, "I've not witnessed abuse but if I did then I would report it to the senior or the [deputy] manager." Records showed concerns were reported to relevant authorities and action was taken to protect people from further risks.
- People told us they felt safe and would speak with staff if they were unhappy or had concerns about their safety. A relative told us they had no concerns about their family member's safety or the support provided.
- Processes were in place for staff to follow should an incident or accident occur. Staff completed incidents reports and recorded the actions taken. The deputy manager reviewed all incidents, accidents including behaviour observations. The information was used to update people's care strategies to prevent similar reoccurrences. Staff told us any learning from these events had been shared with them.

Using medicines safely

- People were supported by trained staff who followed systems and processes to administer, record and store medicine safely. People's specific medicines and the level of support they needed, were documented.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people, with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The service did not always promote safety through the layout of the premises. There was no ventilation in the laundry room. The provider told us the laundry room was due to be re-located as part of the refurbishment plan. Two dining chairs had damaged outer covers. This was a risk of spreading infectious

diseases. The provider replaced the chairs immediately.

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service had a plan in the event a person was admitted into the home.
- Staff used personal protective equipment (PPE) effectively and safely. Staff were observed regularly changing their PPE and sanitising their hands.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

At the last inspection the provider's governance and oversight systems failed to demonstrate all aspects of the care and the service was effectively managed and monitored. This placed people at risk of harm. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- The service had no registered manager. The provider told us a suitable person had been identified but the appointment was not confirmed. The provider said they were supported by the deputy manager to manage the service and monitor people's care.
- The provider had a range of policies and procedures in place and staff knew where to find them; however, it was difficult to establish when they were last reviewed as none were dated. Whilst the provider was not aware of the guidance CQC followed with regards to 'right support, right care, right culture' principles, we observed and people told us staff treated them with respect, dignity and promoted their rights, choices and independence. The provider assured us they would obtain a copy of the guidance and update the staff team.
- The provider had a system of audits in place to monitor the quality of service. Audits were carried out on people's care records, medicines and checks on staff supporting people to ensure continuous improvement. The oversight of health and safety had improved and monitored as the building works progressed to ensure people lived in a safe place.
- Some areas needed to be strengthened. The changes made to people's care plans and the DoLS care plans were not always clear for staff to follow. The infection prevention control audit had not identified two dining room chairs had damaged outer covers, that we found. The provider and deputy manager welcomed the feedback. They replaced the dining room chairs immediately and assured us they would take action to improve information in people's care records.
- Staff spoke positively about their role and described their approach and level of support provided to people without having to refer to documentation.
- Systems were in place to manage ensure staff were supported in their role and they had the skills, knowledge and training to meet people's needs. Staff told us they received regular supervision and feedback on their performance.

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 provider had not fulfilled all the legal obligations. The provider had not consistently notified CQC about significant events such as incidents, accidents and where there were restrictions placed on people's lives. This provides assurances that action has been taken to keep people safe. The deputy manager assured us this would be addressed. We received notifications retrospectively.
- The provider and the deputy manager were responsive when we raised issues with them. They worked in an open and transparent way. Records confirmed people's relatives and professionals were informed when incidents had occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.
- The last inspection report and rating was displayed within the home.

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

- The service promoted an open, inclusive and person-centred approach. People were involved in decisions made about their care and kept informed about the renovations in the service.
- People and relatives all spoke positively about the culture of the service. Comments included, "I love it here, I'm relaxed and staff do help me if I need anything" and "What's important to me is that [Name] is happy and [Name] will stay here for as long as possible."
- Staff told us they enjoyed their work and supporting people to achieve good outcomes. Staff said they had time to support people manage individual distresses in a safe way. One staff member said, "I like to look after the residents, spend time helping them, chatting, going out for pub lunch and doing things they enjoy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were given the opportunity to share their views about the service in individual and residents' meetings. This year's survey results were positive.
- The provider's vision and values centred around the people they supported. People's equality, diversity and human rights were respected. One person told us they could speak openly to staff in their preferred language, which was not English and enjoyed traditional home cooked meals.
- People looked relaxed and comfortable around staff and asked for support when needed. People described a range of activities they enjoyed doing. These included, exercising at the local gym, visiting places of worship, celebrating seasonal and cultural events and had regular contact with family and friends.

Working in partnership with others

- The local authority who monitors people's package of care told us about the improvements made to people's safety.
- The service worked closely with a range of health and social care professionals. This helped improve outcomes for people who used the service.