Loxley Health Care Limited

The Heathers Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 January 2016 and was unannounced. Our last inspection took place on 28 October 2013 and at the time we found the service was meeting the standards that we checked.

The Heathers provides accommodation and nursing care for up to 53 older people in two units, the general nursing unit on the ground floor and the EMI unit on the upper floor. The EMI unit provides support for people living with more advanced dementia. At the time of the inspection, 46 people were using the service. There was a registered manager at the service. 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.

Improvements were needed to ensure risks to people's health and safety were managed on a consistent basis. People told us they received their medicines when they needed them but improvements were required to ensure medicines were recorded and administered as prescribed. Staff sought people's consent before providing care but people's capacity to make their own decisions was not always assessed when needed. Where people may lack capacity, it was not clear how they had been supported to make decisions in their best interests. You can see what action we told the provider to take at the back of the full version of the report.

Safeguarding procedures were in place to keep people safe from harm. People felt safe living at the home and if they had any concerns, they were confident these would be addressed quickly by the management team. Staff had been recruited using clear guidance and staff received training so they had the skills and knowledge to provide the support people needed. The service offered a choice of meals and people could decide where they wished to have their meals.

People were offered opportunities to join in group activities and were supported to follow their own interests. Staff knew people well and spent time chatting with people. Staff were kind and caring and provided emotional support and comfort when people were distressed. People told us the food was good at the home and they were supported and encouraged to eat and drink enough to maintain a healthy diet. People accessed the support of other health professionals to maintain their day to day health needs.

People and their relatives felt comfortable approaching the registered manager and staff with any concerns and were confident action would be taken. The registered manager investigated and monitored complaints and made improvements to the service where needed. Some improvements were needed to ensure the quality monitoring checks carried out by the registered manager were effective in maintaining and improving the care people received. People and their relatives were asked for their views on some aspects of the service and the provider was looking at other ways to gather feedback to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk management plans were not always put in place or kept up to date to ensure people received safe care. Improvements were needed to ensure medicines were recorded and administered as prescribed. There were sufficient staff available to meet peoples' needs and recruitment procedures were in place to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's capacity to make their own decisions was not always assessed when needed. Where people lacked capacity, it was not clear how they had been supported to make decisions in their best interests. Staff had the skills and knowledge to meet people's needs. People's nutritional needs and preferences were met and they were supported to access other health professionals as required.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way staff provided care and support. People told us they could make decisions about their daily routine. Staff were kind and caring and promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and preferences. Relatives told us they felt involved in people's care and staff kept them informed of any changes. The registered manager investigated and responded to complaints and used the information received as an opportunity to make improvements where needed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to assess and monitoring the quality and safety of the service were not always effective in identifying shortfalls and driving improvement. There was an open and inclusive atmosphere at the service and staff felt supported by the registered manager. People's views were listened to and taken into account

The Heathers Nursing 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.

The inspection took place on 28 January and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service and their relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The service has recently come under new ownership and we had not asked the new provider to submit 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. However, we gave the provider opportunity to share any relevant information with us and discussed developments planned for the service.

We spoke with 11 people living in the home, nine relatives, seven members of the care staff, the activities co-ordinator, the chef, the deputy manager, the manager and a member of the provider's management team. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people living in the home. Most people were able to speak with us in detail about the care and support they received. However, for people who were unable to speak to us, we used our short observational framework tool (SOFI) to help us understand their experience of care.

We looked at the care records for seven people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including staff recruitment files, training records, staff rotas and quality checks.

Requires Improvement

Is the service safe?

Our findings

We found that risk management plans were not always put in place to ensure people received safe care. For example, we found that wound care plans were not put in place when concerns about people's skin integrity had been identified. The registered manager told us about a person who needed skin care management. We reviewed their care records and found that a wound care plan had not been put in place until two weeks after it had been identified that the person's skin integrity was at risk. We saw that staff had taken some actions to protect the person from continued risk of skin damage but these actions were taken in isolation by individual nurses and the lack of a wound care plan meant that that care and treatment was not being provided in a consistent way. For example one entry noted that a dressing had been applied and to contact the tissue viability nurse. There was no instruction when the dressing should be changed and no referral had been made to the tissue viability nurse.

We found that another person had been admitted to the home in December 2015 with skin damage due to pressure. No wound care plan had been put in place at that time and was not put in place after they were discharged following a short stay in hospital in January 2016 when the wound had deteriorated, which meant it should have been reported to CQC. Staff told us they had taken action and the wound was healing but there was no wound care plan, treatment regime, body map or photograph to demonstrate this. In addition, there had been no referral to the tissue viability service. The registered manager told us they were not aware that the wound had escalated. This showed the provider did not have suitable systems in place to ensure that risks to people's skin integrity were properly identified and managed.

We found that where risk management plans were in place, they were not always updated when people's needs changed. For example, we saw that one person's risk assessment had been reviewed to show that they needed to be moved using equipment. Observations and discussions showed that the staff understood the person's needs and we saw staff moving the person safely in line with the risk assessment. However, the risk management plan had not been updated to reflect the use of the equipment which meant that staff may not have the up to date information they needed to support the person safely.

This was a breach of Regulation 12 (2)(a)(b)of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

We found that staff did not always follow procedures to ensure people's medicines were recorded correctly and administered as prescribed. Most of the medicine in the home was dispensed using a monitored dosage system, which meant medicines were supplied to the home in monthly blister packs with pre-printed medicine administration records (MAR). On the EMI unit we found medicine had been booked in and not countersigned. For example, we saw that one person's medicine had been booked in and was due that day, but had not been administered. The nurse on duty told us they were not aware of the person's medicine and told us there was no diagnosis or guidance in the person's records and no protocol for administration. This meant the person had not received their medicine as prescribed. The nurse told us they would discuss this with the GP who was due to visit the day following our inspection.

Staff did not always sign the MAR to record why people had not received their medicines. For example, we found that one person's weekly medicine was still in the blister pack but staff had not recorded that it had not been given or the reason why. When we spoke with the nurse on duty they did not know why the medicine had not been administered but confirmed they would follow it up with the member of staff concerned.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they received their medicines when they needed them. One person told us, "I get all my medication on time and I can have pain killers if I need them". Another said, "I get my medication on time and the nurse stays with me until I've taken it". A relative told us, "If [Name of person] is in pain, staff give her whatever she needs". We saw that staff spent time with people while they administered their medicines and checked if people needed any additional medicine for pain. Staff we spoke with had received medicines training and had their competence checked by the registered manager. We saw that medicines, including controlled drugs, were stored securely and disposed of in accordance with legislation.

People told us there were enough staff available to meet their needs. One person told us, "There's always someone about". Another said, "There's enough staff and they know the people". However, some relatives felt there were not enough staff, particularly at busy times. Comments included, "Sometimes there are not enough staff", and "Sometimes there are staff shortages". We spent time observing care in the communal areas of the home and saw there were enough staff available to meet people's needs. We saw people did not have to wait long to have their care needs met and observed that call bells were answered promptly. However, when people needed the assistance of two care staff to help them move safely, they sometimes had to wait until another member of staff was available. Staff we spoke with told us they were able to meet people's needs when there were the usual number of staff on duty but if there were shortages, they sometimes struggled. One member of staff told us, "It's okay if we have four staff, but if it's three, we are stretched, especially when we need two staff to use the hoist and we have to have a member of staff in the lounge at all times". Another said, "There are enough staff generally although it is very busy at peak times". Staffing levels were identified using a dependency tool which recommended the use of four carers on each floor during the day. Staffing rotas showed that the recommended number of staff was not always maintained and had fallen to three carers on a number of occasions during the last two weeks. The registered manager told us they had reviewed the staffing numbers since the new provider had taken over and recruitment was ongoing to increase the staffing establishment to ensure any shortages could be met. This showed the provider kept staffing levels under review to ensure there were enough staff to meet people's needs at all times.

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the disclosure and barring service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. The manager also checked PIN numbers to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to assure themselves that staff were suitable to work with people.

People told us they felt safe living at the home. One person told us, "Yes I feel safe here". A relative told us, "[Name of person] is very safe, I feel happier knowing they are here". Staff we spoke with knew how to recognise abuse and told us what action they would take if they thought a person was at risk of abuse. One member of staff told us they had witnessed an incident and reported it to the manager. Records confirmed that this had been referred to the local safeguarding authority and reported to ourselves and we saw that action had been taken to address the concerns raised. Another member of staff told us they had made a

referral when working at another service. They told us, "It's scary [to make a referral], but we have a duty of care to residents. I would do it again". This demonstrated the manager and staff recognised their responsibilities to protect people from harm.

People were supported appropriately when they presented with behaviour which challenged the safety of themselves and others. Care plans contained information specifying the best way for staff to support people when they were unsettled and we saw that staff followed the guidance. Staff told us they knew people well and used distraction techniques to prevent a situation escalating. One member of staff told us, "We look out for particular behaviour and try to prevent problems by moving people away from others". Staff told us and records confirmed that incidents associated with challenging behaviour were documented and monitored by the registered manager. Advice was sought from other professionals involved in the person's care as appropriate.

Requires Improvement

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Although staff we spoke with understood how people who lacked capacity should be helped to make decisions about their care and support, we saw that where people were unable to consent, mental capacity assessments and best interest decisions had not always been completed. For example, one person's relation had signed to consent to health treatment for their relative. There was no mental capacity assessment in place and no documentation to show that the person's GP had confirmed that this was agreed with them to be in the person's best interests. This showed the person's rights had not been protected.

Where people were unable to make their own decisions and capacity assessments were in place, they were not decision specific and contained limited information. For example, one assessment looked at a person's ability to make decisions in a number of areas, which included their care and support and managing their finances. There was no evidence that decisions were being made in the person's best interests or that they had been supported to make decisions where possible. This meant the person could not be assured that their rights to make decisions were being upheld in accordance with the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their responsibilities to obtain authorisation where people needed to be deprived on their liberty in their best interest. We saw that referrals had been made for DoLS approvals and assessments were awaited.

People told us and we saw staff gained consent from people before providing personal care. One person told us, "Staff explain everything to me and ask for my consent". We saw staff explained what they were doing and reassured people as they supported them. One member of staff told us, "I make sure I always have eye contact and observe people's body language if they can't always say what they want". This demonstrated staff understood the importance of consent.

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People and their relatives told us they were happy with the care they received. One relative told us, "The staff here are excellent, the care is exceptional. They don't get praised enough". Staff told us and we saw that they received the training they needed to care for people effectively. Staff were positive

about the training being offered by the new provider and told us recent training had covered dignity in care, which encouraged them to review their practice. We saw the registered manager monitored training to ensure staff received regular updates in subjects that were relevant to the needs of people living at the home. There was an induction programme in place for newly appointed staff. The staff we spoke to had worked at the home for some time but told us they had found their induction helped them to settle into their role. One member of staff told us, "I'd been in care before but I still found the training helpful".

Staff told us they felt supported to carry out their role. Staff received supervision from the nurse or the registered manager but some staff told us they had not had a meeting for some time. The registered manager confirmed that supervisions were overdue and had drawn up a schedule to address this. We saw that meetings had been held with some staff in January and further dates were planned in February. Staff told us they liked working at the home and felt supported by the registered manager and other staff. One member of the care staff told us, "You can always talk to the nurses, their door is always open and the registered manager . I enjoy my job". This showed staff received training and support to fulfil their role.

People were provided with meals that met their dietary needs and preferences. People told us they liked the food. One person said, "There is more than enough to eat". A relative told us, "You can't fault the food here, it's absolutely marvellous". The chef had information on people's nutritional needs and told us how they provided any specialist diets, for example gluten free diets for people with coeliacs disease and pureed meals for people with swallowing difficulties. We saw that staff discussed any changes with the chef. For example a member of staff informed the chef about changes that were needed for two people following an assessment by the Speech and Language therapist and these changes were actioned. The chef told us people were involved in menu planning, for example they had been consulted about a trial to offer a hot meal at tea time.

People told us they were encouraged to eat and drink enough to maintain good health. We saw staff asking people if they wanted more and drinks were offered throughout the day. One person told us, "I have my own jug of water and staff encourage me to drink plenty. They are always offering hot drinks too". People were supported to eat their meals where needed. We observed staff talking with people and involving them whilst they sat and supported them. Staff did not rush people and checked they were ready before offering more food.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. One person told us, "I can see the GP whenever I need to, they visit every Friday. I just ask the staff. I also get see the optician and the chiropodist". People told us they were supported to receive dental treatment when required.

Good

Is the service caring?

Our findings

People told us they liked the staff and enjoyed living at the home. One person said, "There are good staff here, I don't have anything bad to say about the home". Another person said, "I love living here". A relative told us, "The staff are absolutely wonderful". We saw that staff treated people with kindness and promoted their privacy and dignity. Staff reassured people when they were moving them using equipment such as the hoist and explained what they were doing throughout the manoeuvre. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. Staff told us they promoted people's privacy by knocking on people's doors and making sure doors were closed when supporting people with personal care.

People looked at ease with staff and we heard some light hearted banter between them. Staff listened to people and responded to them when they were upset. Throughout our inspection we saw staff sat amongst people in the lounge areas and chatted with them. Staff knew people's needs and preferences and used this knowledge to communicate with people. One relative told us the staff seemed to understand what their relation wanted, even though they had difficulty communicating verbally. They told us, "Staff seem to recognise what she's saying although often we don't". In the EMI unit we saw staff provided stimulation with sensory items such as scents, with nostalgic fragrances such as freshly cut grass and pear drops, which are thought to help trigger people's memories. We saw staff knew people well and reminisced with them about their lives.

People told us they made decisions about their daily routine. One person told us, "I get up and go to bed when I like". People were encouraged to maintain their independence, for example, people received their own post at the home. Relative told us they felt involved in people's care and were kept informed of any changes. A relative said, "The communication is good, I'm kept informed".

People were encouraged to keep in touch with people that mattered to them. Visitors told us they could visit at any time and staff always made them welcome. One relative told us, "Staff always offer me a drink when I arrive each day". Another said, "I can visit any time I like, sometimes I visit after 9pm". A third told us the staff had recently organised a birthday party for their relation. They told us, "The kitchen staff prepared a fantastic buffet for a very small cost, we all enjoyed it".

Good

Is the service responsive?

Our findings

People were positive about the care they received and told us it met their individual needs and preferences. One person told us, "When I came here from hospital, the specialists said I'd never walk again. With physio and daily encouragement from staff, here I am now, walking with a wheeled trolley and doing everything for myself. I hope to be able to return home. I feel if I'd been sent anywhere else, I wouldn't have improved as much". People's relatives told us the staff knew their relation's needs and took into account their views to make sure they received support in accordance with their wishes. One relative told us, "At first [Name of person] was in their room most of the time. We talked to staff and they started to bring them into the lounge every day and now they mainly only go to their room for bed rest in the afternoon. They are much happier because they are quite nosy and like to know what's going on".

People's needs were assessed before they moved into the home and we saw their care was regularly reviewed to make sure it continued to meet their needs. Information about how people wanted to receive their care and support was recorded in their care plans, along with details about their life history and important relationships. Where people were unable to provide information for themselves, their relatives had been consulted. We saw staff knew people well and used the information to reminisce with them about their past lives. Staff recorded the care people received in daily records and shared any concerns during handover to ensure staff coming on duty were kept up to date about people's needs.

People were provided with opportunities to take part in leisure and social activities that met their individual needs and preferences and were supported by an activities co-ordinator. People told us they could join in with group activities such as bingo and we saw there was a timetable of events for the coming month, which included pamper sessions and a meal to celebrate Valentine's Day. People told us they enjoyed the activities at the home. One person said, "The entertainment is fantastic. There's always something happening". Another said, "Christmas was fantastic, this place was buzzing". One person's relative told us their relation enjoyed the sing songs organised by the activities co-ordinator and enjoyed the entertainers that came to the home from time to time. Pictures in the foyer showed people were supported to follow their individual interests, for example, staff had arranged for a person to go and see a horse and a visit to Cadbury World was being planned in response to requests from a number of people. People told us and we saw that they were supported to follow their religious and spiritual beliefs.

The environment at the home was decorated to promote the wellbeing of people living with dementia. Pictorial signage was in place to help people orientate themselves and the EMI unit was decorated with nostalgic themes, such as a rock and roll theme and different things to reminisce through the 1930,'s, 40's and 50's. There was a small lounge furnished with vintage items which people and their relatives could use for privacy and quiet time.

People and their relatives told us they would feel comfortable approaching the staff if they had any concerns. One person told us, "If I was worried about anything, I would speak to the nurse". A relative told us, "I have never had to complain in 13 years but if I did I would go the manager". We saw there was a procedure in place and complaints were investigated and responded to promptly. The manager monitored

complaints for any themes or trends and made improvements where needed. For example, we saw some new aprons had been purchased in response to a number of complaints that the ones in use were inadequate.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had systems in place to assess and monitor the quality of the service. However, these were not always effective in identifying shortfalls and driving improvements. We found that checks of care plans had not identified that care plans were not always updated to reflect people's changing needs. For example, one person's mobility risk assessment had been reviewed and stated that staff should support them to move using the hoist. However, the moving and handling care plan had not been undated to show the use of the hoist. Another person's continence needs had been reviewed to ensure they could be safely supported to use the bathroom following an incident but the care plan had not been updated to minimise the risk of reoccurrence. Discussions with staff demonstrated that they knew people's individual needs and we observed staff moved people safely in line with their assessed needs.

Audits of medicines were carried out and where concerns were identified, an action plan was put in place. For example, we saw that the manager had introduced a daily stock check system to address concerns that stocks did not tally with the medicines administrations records (MAR). The registered manager had also taken action to address some minor recording issues identified during a recent pharmacy audit. However, the registered manager's checks had not identified that staff were not keeping accurate records of medicines administered. We found that staff did not always sign to confirm they had given people their medication and three MAR had a total of nine missed signatures. Checks showed that the medication had been given but not signed for as required. This meant the administration of medicines was not being effectively monitored to ensure people received their medicines as prescribed.

We saw the registered manager monitored accidents and incidents, including falls on a quarterly basis. When any trends were identified, action was taken to reduce the risk of reoccurrence, for example referrals were made to the falls clinic. However, we saw that the last review had taken place in June 2015. The registered manager told us they had fallen behind with this due to the change to the new provider but would bring it up to date as soon as possible.

There was an open and inclusive atmosphere at the home. People and their relatives told us they knew the registered manager and deputy and regularly saw them around the home. They told us they were approachable and took the time to talk to them. A relative said, "They are always there for you". A member of staff confirmed this, "The manager walks around the home each day talking to residents and staff. She is very approachable". The manager notified us of any important incidents that occurred in the service in accordance with the requirements of their registration, which meant we could check that appropriate action had been taken.

Staff told us they felt supported by each other and the registered manager and could raise any concerns they had. One member of staff said, "I can go to the manager with any problems I have. She always listens and gives good advice". Staff told us they had staff meetings which gave them the opportunity to talk about things happening in the service that affected them. For example, staff told us they had recently had a meeting to discuss the change to the new provider. We observed a staff meeting held by the registered manager and the regional manager in which staff were given updates on a range of issues including policies

and procedures, actions needed following a recent medicines audit and changes being introduced by the new provider. This showed staff were supported to understand their roles and responsibilities.

People and their relatives did not recall being asked for their opinions on the quality of the service but records showed people had been asked for their views on the mealtime experience and the activities at the home. The results showed that people were positive about the support they were receiving. Relatives told us they had recently attended a meeting to discuss the new care provider and had been advised that further meetings would be held. The registered manager told us a regular programme of residents and relatives meetings was planned and systems used by the new provider would be adopted to enable them to gather people's views and make improvements were 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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people were unable to consent, mental capacity assessments and best interest decisions had not always been completed. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk management plans were not always put in place to ensure people received consistent, safe care. Regulation 12 (2)(a)(b). Safe systems were not always in place to ensure people's medicines were recorded and administered as prescribed. Regulation 12 (2)(g)