

Care UK Community Partnerships Ltd

Heatherbrook

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 December 2014. During that inspection we found that the service met all the legal requirements.

After the inspection we received concerns from relatives about the safety of people. We were advised by the provider that following safeguarding investigations two care staff had been dismissed. Relatives were concerned that people were neglected and there were not enough staff at the home. We conducted this inspection on 13 October 2015 to review these concerns.

Heatherbrook is a 45 bedded care home providing nursing care for people with dementia. There were 42 people living at the home at the time of our inspection. The home's registered manager was not in a day-to-day management of the service at the time of this visit. We were informed that the registered manager was working one day a week at this service as they were also managing another service owned by the provider. 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 and associated Regulations about how the service is run. We will discuss this further with the provider to ensure that the appropriate person is registered to manage the service in line with the Act.

People and most of the relatives we spoke with told us that they felt the home was safe. One relative, however, said the home was not always safe because there were incidents of unexplained bruises. However, the deputy manager and the incident forms confirmed that incidents were recorded and, as required, reported to the placing authorities. We noted that the provider had worked with the local authorities to investigate and address issues relating to incident concerns. People told us and we

Summary of findings

observed that the home was clean and bright. We noted there were arrangements in place for controlling infections and there was a nominated lead person for infection control.

People were protected from abuse because the provider had good staff recruitment systems in place. Each person employed to work at the home was appropriately checked to ensure they were able to provide suitable care to people. We noted the provider had a safeguarding policy and that staff had attended training in safeguarding and were aware of how to use the whistleblowing process to raise concerns. At the time of

the inspection there were enough staff working at the home. However, one person and some staff told us that there were times when the staffing level was not enough. We have made a recommendation that the provider continuously reviews the staffing level to ensure that there were enough experienced staff at all times to meet people's needs.

Risk assessments had been completed for each person and staff had guidance on managing risks to people. We noted that risk assessments were reviewed regularly and arrangements were put in place to ensure people were protected, for example, from influenza.

Summary of findings

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 safe. Each person had a risk assessment which identified possible risks to them and the action staff should take to manage the risks.

The provider had a safeguarding policy and staff had attended training in safeguarding. Staff we spoke knew how to use the whistleblowing policy to raise concerns. This helped to ensure concerns were reported and dealt with by appropriate authorities.

There was a good staff recruitment procedure. This ensured that the staff who worked at the home were appropriately vetted and were suitable to work with people. However, we have made a recommendation that staffing levels are regularly reviewed to ensure people's needs are met in a timely manner.

People's medicines were well managed. People received their medicines as prescribed by their doctors. The provider was proactive in putting system for controlling infections and arranging medical interventions such as a flu jab for people.

Good



Heatherbrook

Detailed findings

Background to this inspection

We undertook a focused inspection of Heatherbrook on 13 October 2015. This inspection was completed in response to the safeguarding concerns and the notifications we had received from relatives and the provider. We inspected the service against one of the five questions we ask about services: is the service safe?

The inspection was undertaken by one adult social care inspector and was unannounced.

Before our inspection we reviewed the information we held about the home. This included the notifications the provider had sent us, information we received from relatives, and the safeguarding investigation reports.

At the visit to the home we spoke with two people who lived there, four relatives, two care staff, the deputy manager, and the clinical development manager. We also used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the lounge in the morning. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, five staff files, the training matrix, staff rotas, and the provider's policies and records including the safeguarding policy and health and safety records.

Is the service safe?

Our findings

People and relatives told us they felt safe in the home. One person said, "Yes, I feel safe." A relative told us, "I feel [my relative] is safe as can be." Another relative said, "I don't have any complaints about [my relative's] safety." However, one relative told us that they did not feel people were safe "because there have been unexplained bruises." The deputy manager and the incident forms confirmed that incidents were recorded and, as required, reported to the placing authorities. We noted that the provider had worked with the local authorities to investigate and address issues relating to incident concerns. People told us and we observed that the home was clean and bright. A member of staff told us, "People are safe, every precaution is put in place by training staff and providing equipment."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. A safeguarding adults policy was available and staff were required to undertake initial training in this area as part of their induction. We looked at information we hold on the provider and found there were no on-going safeguarding investigations. We noted that staff had reported safeguarding concerns to the local authority safeguarding team and the CQC and had taken appropriate action. Information we hold and discussion with the deputy manager confirmed that the registered manager took appropriate action, for example, through regular supervising and performance management, to ensure people were safe. This showed that the provider took appropriate action to protect people from abuse.

We spoke with staff about their understanding of protecting people adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents they felt should be reported. They were aware of the local authorities safeguarding adults policies and procedures and would refer to them for guidance. They said they would report anything straight away to their line manager or deputy manager. The service training matrix showed that 83 per cent of the care staff had attended training in safeguarding and the remainder had a plan to undertake the same training.

Staff had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe

when using the procedures. Records confirmed that staff had read the provider's whistleblowing policy. The deputy manager told us that they had policies and procedures to manage risks. We saw that each person had a risk assessment that reflected their individual needs and guidance for staff how to manage the risks. The risk assessments identified possible hazards and how staff should monitor and ensure that risks to people were minimised or eliminated.

Relatives told us the home was clean. A relative said, "[My relative's] room is always clean." We observed the rooms and communal areas were bright and there were no offensive smells in the home. The deputy manager told us that the home had a nominated person for infection control and that there was an infection policy. We looked at the infection control audit and noted that the service carried out a weekly check of the cleanliness of the home. We saw two domestic staff cleaning rooms during our visit.

There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. The maintenance person and records showed that the passenger lift was checked once every month and that fire doors, emergency lights, firefighting equipment, wheelchairs and the water temperature were regularly checked. This ensured that systems were in place to manage risks to people.

We looked at five care staff files and found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references, a form of photo identification such as a copy of passport had been obtained and formal interviews arranged. The deputy manager confirmed that new staff completed an induction programme before starting work at the home. We were told that the home did not use any agency staff. The deputy manager said a police check or a Disclosure and Barring Service (DBS) check had been received for all staff working at the home. The Disclosure and Barring Service is a police criminal record and barring check on individuals who intend to work with vulnerable adults. We saw evidence that staff performance was effectively monitored, concerns were appropriately investigated and action taken to ensure people were safe. This helped to ensure only suitable people were employed by this service.

Relatives' comments about the staffing level were mixed. Three relatives said there were always staff around when they visited and they felt the level of staff in the home was

Is the service safe?

enough. Another relative told us that there were "enough staff at lunch times but not at other times". During our observation of people in a lounge for people with dementia, we noted that most of the people were not active with some dozing and staff doing some tasks such as preparing drinks and snacks. However, later on we saw a number of staff coming to people and interacting with them and offering them snacks and drinks. We saw there were ten people sitting in the lounge and others were staying in their rooms. The deputy manager and the staff rota confirmed that there were five care workers and one nurse on each of the floors of which two care workers were on one-to-one assignment on the first floor, and one care worker was on one-to-one assignment on the second floor. We also noted there was an activities' co-ordinator on each of the floors. Staff told us that the staffing level was enough most of the times however, they said, it was not enough when some staff went off sick and the home was not able to replace them. The deputy manager said the home used bank staff to cover sick leave and staff recruitment was ongoing. They said they were on standby to arrange for staff absences and they felt the current staff arrangement was working. **We recommend that** the staffing level of the home is continuously reviewed to reflect the needs of people using the service.

We found there were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medicines were securely stored with additional storage for controlled drugs. We checked records of medicines administration and saw that these were appropriately kept. There were systems for checking medicine stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy. We noted there were protocols for medicines as required (known as PRN medicines) and staff knew when people were in pain and needed to have these. We looked at four re-positioning charts and noted that staff had recorded and signed to confirm that they had repositioned people as indicated in their care plans. The deputy manager told us that only one person had a grade two pressure sore and this person was admitted to the home with this case. We were informed and records showed that this person was receiving appropriate care. We also noted that staff had made arrangements for each person to have a flu jab.