

Anchor Hanover Group

Heather Vale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

About the service

Heather Vale is a residential care home providing personal care for up to 39 older people, including some who may be living with dementia. There were 32 people receiving care at the service at this inspection.

Accommodation is provided over two floors, in one adapted building. Each floor has two separate wings, each providing individual bedroom and communal living facilities, such as dining rooms, kitchenette areas and specialist bathing facilities.

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

The service was now well managed and effective governance systems were re-established, to help ensure the quality and safety of people's care. However, this was not yet demonstrated by the provider as fully embedded, sustained, or ongoing for people's care.

Recently revised staffing, medicines, risk management and oversight arrangements for people's care now helped to ensure people's safety at the service. People were therefore now protected from the risk of harm or abuse. The provider had taken action when things went wrong at the service and now referred to relevant authorities involved with people's care when required to do so for their safety.

People's care, environment and related equipment needs were met. Staff supported people to maintain or improve their health and nutrition as agreed with them and any external health professionals involved in their care. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

Staff were now effectively supervised, supported and trained to carry out their role and responsibilities. Timely information with external care professionals, authorities and providers, helped to ensure people received timely, consistent care as agreed with them; including when they needed to move between services.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff had good relationships with people and their relatives. They knew people well, including what was important to people for their care and how to communicate with them in a way they understood. People were now consistently informed, involved and supported to understand, agree and make ongoing decisions about their care.

People received timely, personalised care that was tailored to their individual needs and wishes. This was now provided in a way, which helped to optimise people's independence, inclusion and engagement in home life; and with their friends, family and local community as they chose. Arrangements were in place through consultation with relevant lead professionals; to support people living with a life limiting illness and to help ensure their dignity and comfort, including at the end of their life. Further improvements were

commenced to maximise opportunities for people's consultation and choice in a more personalised way.

People, relatives and staff were informed and now confident and supported to make a complaint or raise any concerns about the service, if they needed to. Related findings were now used to help inform and ensure any service improvements needed.

People, relatives and staff were now confident in the management and leadership of the service. Effective management arrangements had been re-established to ensure timely and accurate communication, record keeping and information handling at the service; along with relevant engagement and partnership working, to inform and promote people's care and safety.

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 (November 2018). There were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. The overall rating is now Good. However, the provider now needs to demonstrate their improvements as fully embedded, sustained and ongoing. Please see Well Led section of this report.

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 now safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was now responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service had not been consistently well Led

Details are in our well-Led findings below.

Heather Vale

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Inspection team: This inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of care related to this inspection setting.

Service and service type

Heather Vale is a registered care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service manager registered with the Care Quality Commission for the regulated activities this location was absent. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. An experienced senior manager for the provider, who knew and had previously managed the service for many years, had been recently redeployed into the service for the day to day running and management of the service

Notice of inspection: The inspection was unannounced.

What we did: We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events that happened at the service. We contacted local care commissioners who contract with the provider for people's care at the service. On this occasion we did not ask for a Provider Information Return. This is information we ask the provider to send us; to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the provider opportunity to provide us with any related information, to help inform this inspection.

During the inspection we spoke with 11 people receiving care at the service, two relatives and a visiting health professional. We spoke with two team leaders, four care staff, an administrator and a cook. We also spoke with a manager and two external senior managers for the provider. We reviewed three people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This included staffing, medicines and complaints records and areas of care policy. We also looked at the provider's arrangements to check the quality and safety of people's care.

After the inspection

We requested further information from the provider. This was provided within the requested timeframe.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff to meet people's needs. This was a breach of Regulation 18 (Staffing) 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 18.

- The provider's staffing measures were now sufficient to ensure people's safety at the service.
- Before this inspection, in September 2019 we received a number of concerns, which alleged there were unsafe staffing arrangements at the service for people's care. We asked the provider to investigate the concerns and ensure sufficient staffing arrangements. The provider responded promptly and told us what action they had taken, to rectify and ensure safe staffing arrangements for people's care.
- At this inspection, we saw staff were sufficient, visible and provided people's care and support in a timely manner.
- Additional staff recruitment was in progress. Interim and planned staff skill mix and deployment measures were sufficient to ensure people's care and safety at the service.
- Staff were safely recruited. Legally required pre-employment checks were carried out before care staff were employed to provide people's care, to ensure they were safe to do so.
- People, relatives and staff all felt staffing arrangements were sufficient at the service. One person said, "There's enough staff; I'm never kept waiting long for help." A relative told us, "They are definitely not short staffed now; there's always plenty of staff around."

Assessing risk, safety monitoring and management

- Risks to people's safety, associated with their health condition and any equipment used for their care, were effectively managed and accounted for.
- Before this inspection, in September 2019 we received concerns that risks to people's safety were not always being effectively managed..
- We asked the provider to investigate and ensure people's related safety needs were being met. The provider responded promptly and told us what action they had taken to rectify and ensure this for people's safety.
- At this inspection we found risks to people's safety associated with their health condition, environment and any equipment used for their care, were safely managed.
- Staff understood identified risks to people's safety, which were assessed, communicated and accurately recorded when needed. This included relevant care plan measures, to help reduce any risks identified. For

example, to ensure people's safe mobility, skin care and positive behavioural support.

- People and relatives all felt people were well supported by staff to keep safe at the service

Using medicines safely

- People's medicines were now safely managed. People received their medicines when they should. Revised management monitoring arrangements helped to ensure this ongoing.
- We saw that people received their medicines safely, when they needed them. There were safe arrangements for medicines ordering, storage, recording and disposal.
- People said they were happy with the arrangements for their medicines and told us they received them when they should.
- One person said, "Yes, I feel I am completely safe here; staff help me with the rotunda, to move safely." A relative told us, "[Person] is very safe here; they wouldn't be here if we didn't think so; I have no concerns about safety."

Preventing and controlling infection

- There were effective arrangements for cleanliness, hygiene and the prevention and control of infection at the service.
- We saw the environment, furnishings and equipment used for people's care was clean, fresh and well maintained.
- Staff understood nationally recognised universal precautions and followed related care and cleaning procedures, to protect people from the risk of an acquired health infection. For example, staff wore personal protective clothing, such as gloves and aprons when they provided people's personal care.
- There were suitable arrangements for the handling and disposal of dirty laundry, household and clinical waste.
- People and relatives we spoke with, were satisfied with standards of cleanliness and hygiene at the service.

Learning lessons when things go wrong

- The provider had acted to ensure people's care and safety when things went wrong recently at the service. They were open and transparent about this with us, people who used the service, relatives and relevant authorities concerned with people's care.
- Related care and safety improvements included recently revised management, staffing and risk management measures for people's care. Effective management oversight was also re-established for the monitoring and analysis of health incidents; to check for any trends or patterns that may help to inform or improve people's care, when needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm or abuse.
- Staff were trained, knew how and were confident, to recognise and report the witnessed or suspected harm or abuse of any person receiving care at the service, if they needed to.
- People and relatives were informed how to recognise, report abuse and keep safe. This included a confidential free telephone helpline, which people could use if they chose to report or discuss any related safety concerns they may have.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained, supervised and supported for their roles and responsibilities.
- Before this inspection, we received concerns that staff were no longer being effectively supported or supervised to carry out their roles and responsibilities for people's care.
- We asked the provider to investigate the concerns and ensure people's related safety needs were being met. The provider responded promptly and subsequently told us what action they had taken to rectify and ensure this.
- We found effective management measures were re-established to ensure consistent arrangements for staff supervision and support, which they were happy and confident about. One care staff member said, "We have recently been through a difficult time, but I can honestly say, things are completely back on track." Another care staff told us, "We have the right supervision and support back; I am confident of that."
- Staff confirmed they received the training they needed to provide people's care, which related records showed. This included support to obtain relevant national vocational qualifications for their role; and recently revised, tailored arrangements for any new staff to complete a relevant care induction; and the care certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions for an authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained and followed the MCA to obtain people's consent for their care. This included to ensure relevant best interests' decisions; or appropriate formal DoLS authorisation for people's care, where they were subject to any restrictions for their safety.
- We saw staff followed people's care plans, which showed how their individual care was to be delivered in

line with their consent and the MCA.

- People told us how staff asked for their consent before they provided care. This included explaining what they needed to do beforehand; providing relevant information to support people to make informed choices when needed; and regularly checking with people that they were happy with their agreed care. One person said, "They ask me all the time; like if they are bringing my tablets they ask, 'Do you want them?' They don't take it for granted."
- This showed people received care at the service, in accordance with their best interests and the law.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health related care needs and choices were effectively assessed and met in line with nationally recognised guidance and the law.
- People's care records were recently reviewed and updated when needed, following management changes at the service. This helped to ensure they were accurate, to inform staff regarding people's health needs and their related care requirements.
- Staff understood people's health conditions, how they affected them and their related personal care requirements. Additional information regarding people's health conditions, was also provided to supplement their individual care plans when needed, to help maximise staffs' related understanding.
- A revised oral health needs assessment tool had been introduced since our last inspection, to help ensure people's oral health. This met with relevant, recently revised national guidance.
- A comprehensive range of care policies and related procedural guidance was provided for staff to follow for people's care. These were periodically reviewed by the provider, to ensure they met with nationally recognised guidance and practice standards

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their health, in consultation with relevant care professionals and services when needed.
 - Staff understood and followed relevant instructions from external health professionals when needed for people's care. Such as for their mobility or nutrition.
 - Staff followed standardised arrangements to ensure timely communication and information sharing with external care professionals and providers, when needed for people's care.
- This included, for the purposes of routine and specialist health screening, or if someone needed to transfer to hospital because of ill health.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain or improve their nutrition and to eat and drink sufficient amounts of food they enjoyed, which met with their dietary requirements.
- Staff understood people's nutritional requirements, related dietary and support needs to enable them to eat and drink. This was assessed, recorded and reviewed when needed for people's care, to ensure their effective nutritional support.
- At lunchtime, we saw people received food and drinks, which met with their assessed dietary needs and choices. This included any specialist diets such as diabetic, and to ensure the correct dietary consistencies when needed; to enable people to eat and drink sufficient amounts. Such, as soft or pureed foods, where people were assessed as having swallowing difficulties because of their health condition.
- People could access drinks and snacks, which were offered at regular intervals. Related facilities were also provided in each dining room, where people and relatives could help themselves, as they chose.
- People said they enjoyed their meals. and were regularly offered a choice of drinks and snacks. One person said, "The meals are excellent – five stars." Another person told us, "I enjoy the food here; it's really

good cooking."

Adapting service, design, decoration to meet people's needs

- The environment, which was, designed, decorated and adapted to meet people's needs.
- A range of equipment and adaptations were provided to support people's mobility, hearing and orientation needs. Examples, included corridor hand rails, grab rails in toilets and bathrooms and wide corridors to enable people to move safely and independently. A hearing loop system was provided in the main communal lounge for people with hearing aids. Adapted environmental signage was also provided to support people's orientation.
- People told us they were happy with their environment, including their own rooms, which they could personalise as they chose.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received care from staff, who knew people well and promoted their dignity, independence and rights in their care.
- Staff were respectful and interacted with people in a kind, caring manner. Staff clearly knew people well and had positive relationships with them and their families.
- Relevant information was recorded in people's care plans and staff were appropriately informed and directed, to ensure people's equality and rights in their care.
- People and relatives felt they had good relationships with staff who knew what was important to people for their care and daily living arrangements.
- Comments we received from people and relatives were positive about the caring nature of staff. Examples included, "Staff are very kind, caring, lovely people." "Staff always listen to me; they are patient and respectful."

Supporting people to express their views and be involved in making decisions about their care

- People were generally well supported, informed and involved to make decisions about their care. This was done in a way that helped to promote their independence, autonomy and rights.
 - The manager had re-established regular meetings with people and their relatives, to enable their involvement and decision making in relation to their care and daily living arrangements at the service.
 - People said staff listened and supported them to make choices about their care, daily living and future living arrangements. This information was shown in people's care plans as agreed with them..
 - Staff understood the importance of confidentiality for people's care. People could be signposted to external independent advocacy services, if they needed someone to speak up about their care, on their behalf.
 - Key service information was available to help people understand what they could expect from their care.
- Action was assured from additional suggestions recently made by people and relatives, for staff to wear name badges, to help people identify them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were now met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure individualised care for people. This was a breach of Regulation 9 (Personalised Care) 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 9.

- Overall people's care was now person centred and inclusive.
- Staff understood and were committed to the principles of providing timely, person centred care. The provider had responded to related concerns we recently shared with them; and acted to ensure their staffing and record keeping systems were sufficient to promote timely, person centred care.
- Staff told us about one person living with dementia, who could sometimes become anxious and distressed, when they did not understand what was happening around them. We saw when this occurred, staff acted in a timely, gentle manner to engage the person in a way that was helpful and meaningful to them. This resulted in the person becoming visibly relaxed and smiling.
- People and relatives we spoke with, felt staff knew them well and worked hard to ensure people's care needs, daily living arrangements and lifestyle preferences were met in accordance with their individual choices and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard.
- A comprehensive range of care and service information could be provided in alternative formats such as large print, pictorial and other languages, to help people understand when needed. Such as the provider's complaints procedure or food menus.
- Staff knew how to communicate with people in the way they understood and as shown in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were usually supported to engage in home life, with others who were important to them and to

access their local community as they chose.

- Before this inspection, we received concerns alleging significantly reduced opportunities for people to engage in social and occupational activities.
- We asked the provider to investigate the concerns and ensure people's related needs were met. The provider responded promptly and told us what action they had taken to rectify and ensure this.
- At this inspection we found a programme of activities were regularly organised, which people could join as they chose. We saw people engaged socially and in a range of activities during our inspection. This included a visiting church service with holy communion and singing. This was followed later by a quiz, which included a lot of laughter and good humoured banter, with people clearly enjoying this.
- People said activities were resumed at the service, with many particularly enjoying a petting zoo of small animals and a 'pat' dog, which regularly visited the service. People were also supported to access the local community, to visit shops they enjoyed. One person regularly went out on the local community bus, to their relative's home.
- A programme of regular meetings was recently re-established with people and relatives, to help inform people's home life and daily living arrangements.

Improving care quality in response to complaints or concerns

- Complaints and concerns were effectively accounted for.
- Following recent management changes at the service, records showed a review of complaints received during the preceding 12 months had been undertaken, to ensure these were handled and responded to effectively; including to the complainant's satisfaction.
- People and relatives said they were informed and confident, to make a complaint or raise any concerns about the service, if they needed to. The provider's visibly displayed complaints procedures helped to ensure this.

End of life care and support

- The service provided personal care led by relevant external health professionals, to support people's palliative and end of life care when needed.
- The manager had recognised further work was needed to ensure people's end of life care needs were proactively assessed and agreed with them. Measures were planned to address this, via staff instruction. This included a revised record keeping approach, to help promote people's related involvement and decision making; tailored for people who were living with dementia and not always able to express their views regarding end of life care.
- There was no person receiving end stage of life care at this inspection. Although a few people were living with a life limiting illness. Staff understood related care principles concerned with ensuring people's dignity, comfort and choice, including their spiritual needs.
- Some people had recorded, advance decisions in place for their care and treatment in the event of a life limiting illness and also for the care of their body after death.
- Anticipatory medicines could be obtained and stored at the service, if needed. This helped to ensure a person's comfort in the event of them experiencing pain or distress, and to avoid any unnecessary hospital admission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same, Requires Improvement. This meant the service management and leadership had been inconsistent since our last inspection. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider had not consistently operated effective systems to continuously monitor, sustain or improve the quality and safety of people's care. This included, to ensure sufficient staffing, record keeping and activities arrangements for people's care; and to ensure the safe management of people's medicines and environmental cleanliness at the service. They had also not always notified us of important events relating to people's care, when they happened at the service during September 2019.
- At that time we received a number of related concerns about people's care at the service. We asked the provider to investigate the concerns and to ensure the quality and safety of people's care. The provider responded promptly and told us what action they were taking to rectify this, which included their timescales for achievement and who would be responsible. The provider subsequently gave us regular progress updates, so we could be sure of people's safety at the service.
- At this inspection we found the provider had ensured sufficient care improvements; led by a home manager who was recently redeployed into the service by the provider. This included the re-establishment of effective management monitoring arrangements, to ensure the quality and safety of people's care. However, this was not yet fully embedded and demonstrated as ongoing or sustained.
- Records relating to people's care and staffs' confidential personal information were safely stored and handled in line with national guidance and legal requirements.
- The provider now met with the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. Following their recent management review, timely notifications were now being sent when needed. Recent notifications that had not been previously sent were subsequently provided.
- The provider met their legal duty to ensure the required display of their most recent inspection rating, for public information on their website and within the service.

Managers and staff being clear about their roles, and promote person centred, high quality care and support; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The manager understood their role and responsibilities for people's care and had begun to establish an active, open and accessible profile within the service,

- People, staff, relatives and others with an interest in people's care, had been introduced to the manager who had commenced regular meetings and discussions with all parties; to help inform and improve people's care experience.
- Management measures concerned with staff performance and for their learning, support and supervision were also re-established. However, this was not yet fully demonstrated by the provider as embedded, sustained or ongoing for people's care.
- Staff all told us they were now confident again, regarding the management and leadership of the service. They understood and were positively motivated to carry out their role and responsibilities for people's care. This included any improvements needed and their reason.
- All parties we spoke with, felt that an open culture had resumed at the service; where they were confident, to raise any concerns about people's care if they needed to.
- Throughout this inspection we saw staff were committed to providing person centred, quality care and support for people. Interactions between staff, people receiving care and their relatives, were timely, warm and professional.
- The provider had a comprehensive range of operational policy guidance for staff to follow in relation to people's care and safety. These were reviewed against nationally recognised standards when needed, to make sure they provided up to date guidance for staff to follow.

Working in partnership with others

- The provider worked with relevant agencies, including educational, external health and social care partners when needed for people's care.
- Partnership working arrangements helped to inform people's care and ensure they received the right support.