

# Calderdale Metropolitan Borough Council

## Heatherstones Court

### Inspection report

Heatherstones Court  
Heatherstones  
Halifax  
West Yorkshire  
HX3 0DG

Tel: 01422392229

Date of inspection visit:  
26 May 2016

Date of publication:  
29 June 2016

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 26 May 2016 and was announced. We gave the provider 48 hours notice of the inspection to ensure staff and people who used the service would be available to speak with us. This was the first inspection of the service since it was registered in January 2015.

Heatherstones Court provides accommodation and personal care for up to 15 adults in 12 apartments. When we inspected there were 11 people using the service, however only four of these people were receiving personal care. The service provides short stay care free of charge for people who live in Calderdale so they can be rehabilitated after being in hospital before returning home. Support staff are available from 8am until 1pm and 4.45pm until 9.45pm. No overnight care is provided by the service. Out of hours support is accessed via an emergency response team through Careline.

The home has a registered manager who commenced in post in January 2016. 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.

People told us they felt safe. We saw there were enough staff to provide people with the support they needed and suitable arrangements were in place to provide emergency support when staff were not on site. The pre-admission assessment process ensured only people whose needs could be met by these staffing arrangements were admitted to the service.

Staff understood safeguarding procedures and how to report any concerns. However, some safeguarding incidents had not been identified and referred to the local safeguarding team or reported to the Commission. This meant correct procedures had not been followed to ensure people were kept safe and was a breach of regulations.

People told us they received their medicines when they needed them, however shortfalls in records meant we were not assured this was always the case. This meant there was a risk people may not receive their medicines as prescribed and was a breach of regulations.

Staff recruitment procedures ensured staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs. The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to access the healthcare services they required. People chose what they wanted to eat and drink and staff supported them with shopping and preparation of meals. Staff supported people to lead active lives of their choosing.

Care and support was planned and delivered with people to meet their needs and preferences. Staff knew people well and provided support in a way that maximised their independence and enabled them to return

to live in their own homes. People knew how to raise any concerns and were provided with information to guide them in the complaints process.

The service was well led by a registered manager who led by example and promoted person-centred care. Staff told us they felt supported and praised the leadership and management of the service. Quality assurance systems had only recently been introduced and required further development and embedding to ensure continuous service improvement.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 always safe.

Medicines management was not always safe and effective, which placed people at risk of not receiving their medicines as prescribed.

There were enough staff to support people and keep them safe. Staff recruitment processes ensured staff were suitable to work in the care service.

Risks to people's health, safety and welfare were assessed although this was not fully reflected in people's care records. Safeguarding incidents were not always recognised or reported.

Effective systems were in place to keep the premises clean, secure and well maintained.

### Is the service effective?

**Good** ●

The service was effective.

Staff received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with the support they required to ensure their nutritional needs were met.

People had access to a range of healthcare professionals who supported them in their rehabilitation.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives told us staff were caring and considerate.

People's privacy and dignity was respected and maintained by staff.

People's views were listened to and acted upon

### Is the service responsive?

Good ●

The service was responsive.

Care records showed the support people needed, their preferences and goals.

People were supported to access the community.

A system was in place to record, investigate and respond to complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to assess, monitor and improve the quality of the service were limited and had only been implemented recently. These systems need to be developed further to ensure service improvement.

People, relatives and staff provided positive feedback about the way the service was run and praised the leadership and management.

# Heatherstones Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 May 2016 and was announced. We gave the provider 48 hours notice of our inspection so we could be sure staff and people who used the service would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. We did not request this information before this inspection.

We spoke with two people who used the service, one relative, two re-ablement care staff, a physiotherapist, the deputy manager and the registered manager.

We looked at four people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We visited two people in their apartment.

# Is the service safe?

## Our findings

People told us they received their medicines when they needed them and we saw medicines were stored safely and securely. However, we found systems in place to manage medicines were not always safe or effective. People were supported by staff to manage their own medicines in preparation for when they returned to their own homes. We found shortfalls in medicines reconciliation when people were transferred into the service. For example, the hospital discharge letter for one person showed they were prescribed an inhaler. There was no information about this in the person's care records or on the medicines administration record (MAR), although staff confirmed the inhaler was being used by the person. Discharge information received from the hospital was not clear about the time of administration for two medicines for one person. Staff from Heatherstones Court had followed this up with the hospital, however, the advice was provided verbally by hospital staff and not confirmed in writing.

Staff prompted and administered medicines and safe practices were not always followed. For example, we saw two people's MARs were handwritten and there were no staff signatures to show who had transcribed the information onto the MAR. The handwritten MAR did not list the medicines which were provided in the monitored dosage system as the record stated 'dosette box'. This meant the MAR did not accurately reflect all the medicines the person was prescribed. This was in breach of the provider's own medicine policy which stated handwritten MARs would only be used in an emergency and the pharmacist should supply printed MARs. A photocopy of the prescription for the medicines provided in the dosette box was kept in the care records, however, this did not include the medicines recorded on the handwritten MAR. This meant we could not be assured these were correct.

The provider's medicine policy stated the care worker could 'put out medicines for the service user to take themselves at a later prescribed time to enable independence'. We found discrepancies in the record keeping meant we could not be assured people were receiving their medicines as prescribed. For example, the daily records showed on two occasions one person's medicines had been left with them to take later, yet staff had signed the MAR to show they had been administered. On another occasion the daily record showed the medicine had been left with the person to take later, yet the code used on the MAR showed the medicine had already been taken.

We saw one person was prescribed a nutritional supplement twice a day and the MAR showed they had refused it on eight occasions since 19 May 2016. The daily records showed the person did not like the flavour of the supplement, however there was no information to show what action had been taken to address this. When we discussed this with the registered manager they said they would speak with the person and the GP to see if a different flavour could be provided.

Another person was prescribed an analgesic which the MAR showed could be taken 'as required' up to four times a day. The daily records showed the person sometimes had one tablet and other times had two. The MAR did not reflect this variable dose or the exact time the medicine was administered. There was no information recorded on the MAR to show the minimum time between doses. This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in the service. Staff we spoke with confirmed they had received safeguarding training and had a good understanding of the different types of abuse. They knew how to report any allegations of abuse and were confident these would be dealt with appropriately. They were aware of whistleblowing procedures and external agencies they could contact. The registered manager told us there had been two safeguarding referrals since January 2015. We looked at the records for both these incidents and found there was limited information to show what action had been taken as a result of these referrals. Neither of these incidents had been notified to the Commission although this is a legal requirement. We also identified safeguarding incidents relating to another person who had previously stayed at the service. The registered manager confirmed these incidents had not been referred to the local authority safeguarding team or notified to the Commission. This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the operations manager provided us with a report into these matters.

People told us there were enough staff to provide them with the care and support they required. One person said, "I get all the support I need. They've got me back on my feet." The service does not provide 24 hour care. Staff provided re-ablement care and support to people from 8am until 1pm and 4.45pm until 9.45pm. When staff were not on site people had access to an emergency response team through the care line in each apartment. The registered manager told us the pre-admission process ensured they only admitted people's whose needs could be met by this staffing profile. Staff we spoke with said they felt there were enough staff to meet people's needs. One staff member said, "That's what's good about this job - we've got time to re-able people. We can support them to do things at their own pace instead of doing it for them." At the time of our inspection there were only four people who required assistance from staff with personal care.

Safe recruitment procedures were in place. Staff files provided evidence of an application form, identity checks, criminal record checks through the disclosure and barring service (DBS) and two references including one from the last employer.

We found risks to people were well managed, although this was not always fully reflected in people's care records. This had been identified in the service's action plan which showed individual risk assessments were to be put in place by June 2016. The physiotherapist told us they were involved in the pre-admission assessment process and either they or the occupational therapist were present when the person arrived at the service. They described how they worked with the person on arrival and ensured they were safe transferring and mobilising around the apartment and accessed any equipment or aids the person required from the NHS loan stores. We saw moving and handling assessments were in place which showed any equipment people required to mobilise safely.

The registered manager told us people admitted to the service had to be able to evacuate the premises independently in the case of an emergency such as a fire. We saw personal emergency evacuation plans (PEEPs) were in place in people's care records, which also included emergency contact lists.

The premises were clean and well maintained. Effective security systems were in place to ensure people were safe within the complex as well as their own apartments. We looked at records of servicing and maintenance and saw regular checks and tests had been carried out in relation to gas safety, electrical wiring, fire safety, safe water temperatures and health and safety checks. We saw the provider had carried out a recent health and safety audit and had identified a number of issues. These included the monitoring of legionella, the lack of environmental risk assessments, lone working procedures and the maintenance and servicing of the three overhead hoists. The registered manager told us action was being taken to address these matters and confirmed the overhead hoists were not being used currently and had been taken out of service until they had been serviced.



## Is the service effective?

### Our findings

People told us staff had the skills and knowledge to meet their needs. The registered manager told us all staff had an NVQ level 2 in care and had completed the provider's induction programme, which was evidenced in the staff files we reviewed. New staff were enrolled on the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards.

Staff we spoke with said the training they received was good and said they felt supported in their roles. Staff said their training was kept up to date and there were good systems in place to remind them when updates were due. This was confirmed when we looked at the training matrix which showed staff were mostly up to date in subjects such as dementia, medication, safeguarding, infection control, fire safety and manual handling. However, we noted none of the staff had received first aid training, although the registered manager told us this had been requested from the provider.

Staff told us they received regular supervision from the registered manager and we saw evidence of this in the staff files we looked at. Supervision records were detailed and reflected staff performance and development needs. The registered manager showed us their annual plan which ensured staff received supervision every six weeks and an appraisal every year.

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The registered manager demonstrated a good understanding of the legal processes relating to the MCA and DoLS. This gave us assurance that the correct processes would be followed if they assessed a person lacked capacity to consent to their care and treatment and they suspected they may be depriving these people of their liberty. The registered manager confirmed that no one currently using the service lacked capacity to make decisions. Staff had received training in MCA and DoLS and had an awareness of this legislation.

People we spoke with told us staff involved them in decisions about their care and treatment. They said staff always explained what they were proposing to do and asked for their permission before proceeding. This was reflected in the care records we reviewed where we saw people had signed to give their consent to the care and support planned.

A catering service was not provided, as the emphasis was on rehabilitation and creating an environment which reflected the living conditions people would be returning to in their own homes. Each apartment had its own kitchen and cooking facilities. People's support plans showed the support each person required

from staff with regard to shopping for food and preparation of meals. People we spoke with told us they received the support they required from staff with these tasks.

We saw people had access to NHS services to assist them in their rehabilitation. A NHS physiotherapist and occupational therapist formed part of the staff team at Heatherstones Court and worked closely with rehabilitation staff in providing personalised care packages. This meant people received the support they needed to maximise their independence which would enable them to return to their own homes. Care records showed staff supported people to access other healthcare professionals as and when required. For example, we saw staff had helped one person register with a dentist and another person told us about the support they had received from speech and language therapists.

## Is the service caring?

### Our findings

People we spoke with told us they were very satisfied with the support they received and praised the care and support they received from the staff. One person said, "It's like a dream for me here. I keep thinking don't let me wake up from this. It's so good and everyone is so kind." Another person told us, "It's very good here. The staff are excellent."

When we asked one person what they thought of the service they replied, "I'd give it a 100%, no in fact I'd give it more."

People were supported to maintain contact with family and friends. A relative we spoke with was very positive about the care provided and told us of the progress their relative had made since they had arrived at Heatherstones Court. They said, "It's a fabulous place. I didn't know places like this existed."

People were involved in decisions and choices about their lives and how their support was delivered. People had their own individual care files which included information about what they wanted to achieve, their preferences and likes and dislikes. This gave staff relevant information and 'painted a picture' of each individual. From talking with staff it was clear they knew people well and this helped them to provide a person centred service.

People told us staff were caring and considerate and always treated them with respect. They described how staff knocked or rang the bell before entering their apartments and said who they were as they came in and we saw this happening. We saw staff had developed positive relationships with people and their relatives.

People told us staff ensured their privacy and dignity when supporting them with personal care tasks. They described how staff supported them to be as independent as possible and gave them confidence and encouragement to progress. They said staff listened to their views and wishes and tailored the support to meet their individual needs.

## Is the service responsive?

### Our findings

People we met spoke enthusiastically about their achievements following their admission to the service. One person said, "They've got me back on my feet. I've done two flights of stairs today and I never thought I'd be able to do that." Another person told us how their mobility had improved with input from the reablement staff and the physiotherapist. They said when they first came to the service they needed help from staff with washing and dressing but they were now able to manage this independently. People told us they had been involved in planning and making decisions about their care.

The service had strict admission criteria which outlined the type of care needs that could be accommodated as well as those that could not. This information was included in the service's brochure which made people aware that staff were only available on site at specific times. The pre-admission assessment process ensured only people whose needs could be met by these staffing arrangements were admitted to the service.

Staff we spoke with knew people's needs well and we saw they worked well together as a team to maximise people's independence and enable them to return to their own homes. Care records we reviewed showed support plans were in place, however some of these lacked detail and did not fully reflect the personalised service provided to people. For example, staff told us how they supported one person with their personal hygiene needs and told us the person could wash themselves but staff helped them with shaving and drying their back. This level of detail was not included in the person's support plan. However, the registered manager had already identified these improvements were needed to the support plans and we saw there was an action plan in place to address this by the end of June 2016.

There was a one page profile in each person's care file which showed people's preferences and wishes. For example, what they wanted to achieve and how they wanted to be supported, their likes and dislikes and how they would like staff to enter their apartment, such as staff knocking and saying hello when they entered.

People were supported to live as independently as possible at Heatherstones Court in preparation for them returning to live in their own homes. This included accessing the community and pursuing any interests. Records showed staff had helped one person find the religious support they wanted. Staff also helped people find suitable housing and one person spoke positively about the property they were going to be moving into in the near future.

We asked people what they would do if they were unhappy about the service. People told us if they had any concerns they would speak with staff and felt confident it would be addressed. One person said they had raised a very minor issue and it had been dealt with and sorted straightaway. People were provided with a copy of the provider's complaints procedure on admission and a copy was kept in each apartment. The registered manager told us there had been no complaints,, although we saw there were systems in place to make sure details of any complaints would be documented together with the action taken and outcome.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since January 2016. Our discussions with the registered manager showed they were committed in ensuring a quality service was provided and were continually looking at ways in which they could make improvements for people who used the service. We saw the registered manager led by example and worked as part of the team.

We asked staff about the management of the service. One staff member told us, "There's been massive improvements since (the registered manager) came. You can speak to her about anything and she listens to what we have to say. It's so much better since she came." Another staff member said, "We work together now. Communication has improved and team working is excellent."

Staff told us the registered manager promoted an open culture where they were encouraged to put forward ideas for improvements and these were listened to and acted upon. For example, staff told us when concerns had been raised about the duty rotas, the manager had listened and involved staff in reviewing how the rotas were planned. They said this had resulted in better weekend working arrangements.

Staff told us weekly meetings were held to discuss people's goals, review their progress and consider if any changes were needed in the support provided. This was evidenced in the meeting minutes we reviewed and staff told us they received copies of the minutes.

We saw minutes from recent team meetings which showed core values and behaviours were discussed as well as standard agenda items such as health and safety, safeguarding and training.

There were a limited number of quality assurance audits in place. These had been introduced recently by the registered manager. They included a medicines audit and a communication log audit. The registered manager told us there were currently no provider visit reports but said these were going to be implemented and showed us the quality monitoring reporting template for these visits. We saw an action plan was in place which identified improvements to be made to the service.

The registered manager told us an accident, incident and near miss report procedure had recently been introduced and we saw records completed for incidents which had occurred in February 2016. However, there were no records to show any accidents or incidents which had happened before this date. We found the quality assurance systems were limited and needed further development and embedding to ensure continuous service improvement.

The registered manager told us people were given satisfaction surveys to complete when they left the service. We saw seven surveys had been completed and returned, although we were not able to establish when these had been received as they were undated. All seven surveys provided very positive feedback. Comments included were "Lovely, didn't want to leave. Staff have all been so kind and supportive...nothing was too much bother for them" and "good, kind workers – helpful."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided to service users in a safe way in relation to the proper and safe management of medicines. Regulation 12 (1) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users were not protected from abuse and improper treatment as systems and processes were not established and operated effectively to investigate any allegation or evidence of abuse. Regulation 13 (2) & (3).