

Heather House Partnership

Heather House care home with nursing

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 March 2016 and was unannounced. The last full inspection took place on 8 January 2015 and, at that time, three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to safeguarding service users from abuse and improper treatment, safe care and treatment and need for consent. These breaches were followed up as part of our inspection.

Heather House is registered to provide personal and nursing care for up to 36 people. At the time of our inspection there were 20 people living in the service. On the day of the inspection we were informed by the operations manager that the provider intended to close the service. On the following day we were sent a copy of a letter sent to people advising them of the impending closure date. In the letter the provider has stated that they propose to close the service no later than 30 April.

There was a registered manager in place on the day of our inspection. 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.

Staffing levels were not sufficient to support people. Unexpected staff absences such as sickness were not adequately covered and this position was confirmed by the registered manager.

Staff were not consistently supported through a regular training and supervision programme.

In some areas of the building the premises were not suitable for the purpose for which they were meant to be used. Some bathrooms were not fully operational and there was a lack of adequate storage facilities throughout the service.

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

In January 2015 people were not protected from the risk of infection because appropriate guidance had not been followed. During this inspection sufficient improvements had been made, although further work was required.

In January 2015 we found that the provider had failed to notify the Commission or local authority of safeguarding incidents. We found sufficient improvements had been made.

In January 2015 there were inadequate processes in place to support people to make best interests decisions in accordance with the Mental Capacity Act 2005 (MCA). During this inspection sufficient improvements had been made.

Medicines were generally managed safely. The administration of topical medicines requires improvement.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS).

People's nutrition and hydration needs were met.

People were treated with kindness and compassion. Staff knew people well, understood their support needs and were familiar with people's personal preferences.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

We found three 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 this 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.

Staffing levels were not sufficient to support people safely.

Medicines were generally managed safely. The administration of topical medicines requires improvement.

Safe recruitment processes were in place that safeguarded people living in the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not supported through a regular training and supervision programme.

In some areas of the building the premises were not suitable for the purpose for which they were meant to be used, such as bathrooms not being fully operational.

There were processes in place to support people to make best interests decisions in accordance with the Mental Capacity Act 2005 (MCA).

People's nutrition and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

We observed staff treating people with kindness and compassion.

Staff knew people well, understood their support needs and were familiar with people's personal preferences.

People spoke positively about the staff.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were of an inconsistent quality and provided variable detail for staff to follow.

People did not have access to meaningful daily activities.

A complaints procedure was in place and the registered manager responded to people's complaints in line with the organisation's policy.

Is the service well-led?

The service was not always well-led.

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

People were not regularly encouraged to provide feedback on their experience of the service.

Staff said they felt well supported by the management team and felt able to approach them with any concerns.

Requires Improvement 

Heather House care home with nursing

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 29 March 2016 and was unannounced. The inspection was undertaken 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 service.

Before the inspection, the provider completed a Provider Information Return. This is 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 reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with five people that used the service, three relatives and five members of staff. We also spoke with the operations manager and registered manager.

We reviewed the care plans and associated records of four people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

We found that that people were not always safe, as there were not always sufficient numbers staff to support their needs. We were told by the registered manager that the staffing levels were determined by the registered provider. The registered manger had not been asked to calculate staffing levels in accordance with the current needs of the people who lived at the service. We were told by the registered manager that the current staffing level should be three care assistants and one nurse during the day. During the night the staffing level should be one nurse and one care assistant. On the day of our inspection one member of the care staff called in sick. Their absence was not covered and the remaining staff on shift had to cover for them.

We spoke with the registered manager and reviewed the staffing rota from the 6 to 11 March 2016. It was evident that unexpected staff absences were not adequately covered and this position was confirmed by the registered manager. Owing to a member of the care staff calling in sick on the day of the inspection the registered manager was covering for their absence and undertaking care rather than their managerial duties. The registered manager was not available for most of our inspection to answer our questions. Cleaning staff, laundry staff and activities coordinator absenteeism was also not covered during the reviewed period.

Staff gave mixed responses in relation to the staffing levels and felt there was an excessive use of agency staff. Staff comments included: "We use a lot of agency. Absence is generally covered. The staffing level is difficult. We try our best"; "The continuity of the staffing is chronic"; and "It should be better than this, but what can we do when the staffing levels are like this. We do the best we can; this is all we can do." Comments included; "At night there are just two on duty but it's not enough really. If you ring they come as quick as they can, but you sometimes have to wait"; and "they're always short-staffed." The registered manager told us they were allocated 12 hours supernumerary hours per week. This was subject to providing unit cover should agency staff at any level not be available. This was evident on the day of the inspection.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In January 2015 safeguarding incidents were not recognised and reported to the relevant authorities by the registered manager. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection sufficient improvements had been made. Where appropriate safeguarding concerns had been reported to the relevant authorities. The service followed guidance from health professionals advising them when safeguarding referrals should be made.

Staff we spoke with demonstrated a basic understanding of how to recognise and report abuse. Safeguarding information was displayed throughout the premises. This meant it was accessible to staff members and people who lived and visited the service. The training matrix identified that some staff

required their safeguarding training to be up-dated.

Staff also understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace.

In January 2015 people were not protected from the risk of infection because appropriate guidance had not been followed. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection sufficient improvements had been made although further work was required. Despite kitchen cleaning schedules being completed the oven hob in the kitchen was dirty. People could still enter dis-used bathrooms which had open bins. This increased the risk of cross infection.

The service has a nominated infection control lead and infection control audits were conducted regularly by the operations manager. Where concerns had been identified they had been taken forward by the registered manager. An example of this included the need for the sluice room to be cleaned and items to be stored correctly. Where it was identified that commodes had not been cleaned well enough this was actioned immediately. The home was free of odours and cleaning schedules were in place. Staff wore protective equipment where required, such as meal times and when assisting with personal care. We received mixed comments regarding the cleanliness of the service. Comments included; "I have not been aware of smell or odours when visiting and certainly in [person's name] room the surfaces and room are clean to her satisfaction and mine"; and "My impression of the home is that is rather scruffy and smelly, having said that the residents seem really happy there."

Medicines were generally managed safely. The administration of topical medicines requires improvement. Where people had been prescribed creams or lotions there were Topical Medicines Administration Records (TMAR) in place. We found that the TMAR's had not always been completed. One person record indicated that one prescribed cream had not been applied on three consecutive days and another cream had not been applied for four consecutive days. This meant there was a risk that people did not receive their topical medicines as prescribed.

People's photographs were attached to their medicine administration records (MAR's) to aid identification and any allergies were recorded. When a person had refused or had not received their medicine, the appropriate code had been recorded on the MAR. Some MAR's contained handwritten additions. This was due to an alteration of the prescription. Where handwritten amendments had been made on the MAR a witness signature had been obtained. This reduced the risk of transcription errors.

Where people had been prescribed transdermal patches, the position of the patch was recorded. This helped lessen the risk of skin irritation. Individual protocols for the uses of 'when required' (PRN) medicines were available. The individual protocols directed staff as to when, how often and for how long the medicine can be used.

Medicines were stored safely. A fridge was available to store those medicines the required refrigeration. The fridge and medicines storage room temperature was checked and recorded daily. The receipt and disposal of medicines were appropriately recorded. Controlled drugs were stored correctly and stock levels were routinely checked.

Care plans contained risk assessments for areas such as moving and handling, falls, choking and the use of bed rails. To enable people's safety care plans and risk assessments had been reviewed monthly and

amended if a person's circumstances changed. One person's moving and handling assessment had recently been amended as their risk of falls had increased. Staff instructions were up-dated to ensure they were moved safely.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. Records showed these were clearly audited and any actions were followed up. An example of this included where an incorrect dressing had been applied. This resulted in the nursing staff attending wound care management update training.

Is the service effective?

Our findings

The premises and equipment were not suitable for their intended purpose. The building was tired looking and cluttered. Unused bedrooms were used as storage areas. There was only one bathroom that was fully operational. An unused hoist was stored in the corridor on the first floor. A dis-used shower room was being used by the hairdresser to wash people's hair. When using hoists people did not have access to their own individual slings. The washer in the sluice in the ground floor was not working. The registered manager stated it was "beyond repair." Three bedrooms doors were found to be propped open. One by a chair, one by a footstool and one by a wheelchair. This meant that the doors would not close automatically should the fire alarm system be activated.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not consistently supported through a regular training and supervision programme. Staff we spoke told us they had not received regular supervisions. This position was reflected in the staff records. The lack of supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon. The provider failed to adhere to its supervision policy which stated that staff should receive a formal supervision at least four times a year.

New staff undertook a period of induction and the provider's mandatory training before starting to care for people on their own. The induction training staff covered a variety of subjects such as moving and handling, infection control, fire safety and first aid awareness. New staff members also shadowed more experienced members of staff until they felt competent to provide care on their own. We did note that one member of staff commenced their employment on 12 October 2015 but their induction had yet to be signed off by the registered manager. The training matrix demonstrated that some staff mandatory training was out-of-date and required updating or they needed to be enrolled. This covered a variety of subjects such as health and safety and first aid at work.

This was in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

In January 2015 there were inadequate processes in place to support people to make best interests decisions in accordance with the Mental Capacity Act 2005 (MCA). The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection sufficient improvements had been made. Although some staff training required updating they demonstrated an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. At the time of the inspection no one was subject to a DoLS safeguard. One person living with dementia had recently moved into the service and the registered manager had applied for a DoLS assessment and they were waiting for a response from the local authority. The registered manager demonstrated an understanding of the procedures which needed to be followed to apply for a deprivation of liberty if required. Excluding the person living with dementia we were told everyone had the mental capacity had to make their own decisions regarding their care and treatment. Care plan files included 'Involving the resident form.' This was used to evidence that people had been involved had been involved in the care planning process. We noted in one file that this form had been signed by one person in October 2014, but not since.

People's nutrition and hydration needs were met. People were assessed for nutritional needs, and when people required specialist support this was sought appropriately. Where necessary, people were having their food and fluid intake monitored. People's food was served at the correct consistency, in accordance with their specific needs. If people did not like the menu choice they were offered an alternative. People could also help themselves to a variety of snacks and drinks which were made available in the lounge. One person told us; "The food is not too bad. If I don't want the regular meal offered they will do an omelette or scrambled egg or something else I might choose."

Is the service caring?

Our findings

We observed that people were treated with kindness and compassion by the staff. There was a friendly atmosphere and staff knew people by name and vice versa. People spoke positively about the staff and told us they were caring. One person described the staff as "Kind and helpful." Comments from relatives included; "I do feel the staff have sufficient knowledge and skills to look after the residents and many of the staff treat the residents just like family which my mother really likes" and "[person's name] is very fond of some of the staff, but the family think the nursing staff are absolutely amazing and do wonders. They always treat the residents so well and always appear happy."

During the lunch time service staff were attentive and courteous. Conversations were held with people about their family and their previous careers. Where one person was not eating their lunch they were asked if they would like some chocolate. The offer was refused and then they were offered a banana, which they accepted. We observed one person who appeared distressed. The staff member provided assurance and told them; "If there is anything that is worrying you, you can always chat to me."

Staff were knowledgeable about people's needs and told us they aimed to provide personal, individual care to people. They also knew people's backgrounds which enhanced their understanding of the person. Staff knew people's previous careers, about their family and interests. One member of staff told us about a person's love of poetry and they wrote them a poem. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. Staff gave examples of how they gave people choice and encouraged independence such as enabling them to make choices of clothes and drinks.

People were asked if they needed personal care. One member of staff told us; "I give people time to choose. If someone refused personal care I would respect their decision and advise the nurse." Staff explained how they provided personal care choices and sought agreement from the person. When they discussed people's care needs with us it was clear they knew people well and understood the support they needed.

We observed staff knocking on people's doors before entering their room. One person told us; "I don't have any family to visit but the staff always pop in to chat."

One person's file contained information in relation to their wishes regarding end of life. The plan was reviewed monthly. The person's condition had recently deteriorated and we were informed by a staff member they were nearing the end of their life. The plan had not been up-dated to reflect this so they did not contain specific information about such issues of pain relief and provision of food and fluids. However, the records did indicate that the person had been visited on several occasions by a nurse specialist from a local hospice and by their GP in relation to their pain relief.

Is the service responsive?

Our findings

Care plans were of an inconsistent quality and provided variable detail for staff to follow. One person who had recently been admitted to the service did not have a pre-admission assessment on their file. We were told by the registered manager that the pre-assessment had been completed but they have mislaid it. Following their admission assessments and care plans had been completed in relation to tissue viability, falls, communication, eating and drinking and moving and handling. The person had a urinary catheter. Their catheter care plan did not fully describe the support required. The care plan stated; 'Staff to make sure catheter care is given every day' but the plan did not describe what constituted catheter care. There was no direction regarding monitoring the person's urine output. Records were being kept of urine output, however these recorded that the person had minimal output on the six days prior to our visit. It was unclear from the records how the person's catheter care was being managed and monitored and whether concerns were being escalated.

One person had lost weight and they were not eating and drinking sufficiently. They had a care plan in place relating to their eating and drinking. This stated that that they required to have their food and fluid intake monitored daily. Their fluid intake target had been recorded as 1560ml per day. To ensure the person was consuming enough food and fluid charts were recorded and they had access to drinks in their room. If there were any concerns we were told by the nurse that the issue would be referred to GP for advice.

Care plans were person centred. People were supported to maintain their independence where possible. Each plan contained a personalised pen profile. This identified what was important to the person and how best to support them. An example of this included that one person was able to express their needs and wishes but was unable to read and sign the care plan. They were consulted throughout the process and their solicitor signed on their behalf.

We observed that one person was in pain and were calling out for assistance. The registered manager went to see them and then phoned the person's GP. They were asked if they wanted to go to hospital for treatment, they declined and their decision was respected. The GP visited in the afternoon. The GP visited on a weekly basis and were called in at other times, when required.

The service was responsive to people's health needs and accessed external health professionals. One person who required dressings to their feet had been seen by a tissue viability nurse and a chiropodist. On the day of the inspection one person was leaving the service to return home. The service had enabled the person to become fully independent. They assisted them with their exercises on a daily basis to ensure they were fully mobile again. On leaving the premises they thanked everyone for their assistance and were appreciative of the level of service provided.

There was no activities co-ordinator and this meant that people did not have access to meaningful activities. We were told by the registered manager that the activities coordinator only worked four days a week. We did not observe any meaningful activities during the day. We received mixed comments about the activities programme. Comments included; "I'm bored"; "It's a nice place to be but I get fed up with watching telly all

the time"; and "our Pat dog comes in on Wednesday, we all enjoy that and he always comes up to my room to see me." The operations manager's February 2016 report stated; "Activities were provided but were not always focused on people's individual hobbies and interests."

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. One relative commented, "Being there every day I am fully informed of [person's name] care and in regular communication with staff about any changes they or I feel necessary."

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified such as dispensers not containing soap they were investigated and actioned. People said they knew how to complain, but had never had cause to. They felt confident that they would be listened to and their complaint would be investigated by the registered manager. One relative commented; "As a family we would be happy to raise a concern if we had one, knowing that staff would deal with it properly and seek an acceptable outcome for all." The service had received a number of compliments about the level of service. The most recent compliment received in March 2016 stated; "I would like to thank all of you for looking after me over the last few weeks. You have all been so friendly, kind and caring and have got me back on my feet. The home and staff are all lovely and I would recommend it to anyone as I and my family have been made to feel very welcome."

Is the service well-led?

Our findings

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided. The operations manager visited the home regularly and compiled a quality monitoring visit report. The reports were used as an opportunity for the quality service manager and registered manager to discuss issues related to the quality of the service and welfare of people that used the service. Clear action plans were evident and timescales given to areas in need of attention. However, the registered manager was not adhering to the stated timescales and this resulted in a number of issues not being resolved in a timely manner. This was due in part to unplanned leave. There were no other senior members of staff who were available to deputise and undertake such tasks of completing monthly audits, as required by the provider. A number of issues raised in the quality monitoring report are similar to the issues raised in our inspection, such as environment concerns and staff training requiring up-dating.

People were not consistently encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Annual customer surveys were not conducted with people and their relatives. Although relatives and relatives meetings took place to gain people's views they were not held regularly. The last meeting was held in September 2015. The minutes noted that people were not happy about the numbers of agency staff on duty at any one time. We found people were still concerned about this issue and was not satisfactorily addressed by the service. People did advise that they felt valued and respected by the service. Concerns expressed regarding the quality of the food had been addressed by the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff generally felt well support by their senior managers. They felt confident to approach their manager with any concerns. One member of staff commented; "It needs a whole refurb and regular staff. It would be nice to have more one-to-one time with people. There are no activities outside the home." Regular staff meetings were held and the minutes highlighted staff concerns regarding the continuity of care and the use of agency staff. Although the registered manager acknowledged the staff concerns in the staff minutes in July 2015 no notable improvements had been made regarding the balance between permanent and agency staff. The July 2015 minutes stated; "I do try and get the best agency staff and those who are most effective to come back and work with us. It angsts me just as much as you to have strangers come through the door day after day. Those little extra personal bits of care seem to get lost in time and everyone's anxiety levels are very high."

There were appropriate governance systems in place to monitor health and safety and the welfare of people. These included audits on fire safety records, legionella, water temperatures, maintenance of safety equipment, gas safety, boilers, call systems and portable appliance testing (PAT).

We were told that due to economic reasons and the occupancy level had not been sufficient the provider had decided to close the service. The day after our inspection people were sent a letter stating that the service would close 30 April 2016 and they would be assisted throughout their re-placement to other

services.

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 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not suitable for their intended purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always safe, as there were not always sufficient numbers staff to support their needs. Staff were not consistently supported through a regular training and supervision programme.