

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 8 January 2015 with two inspectors and was unannounced. Heather House is a care home providing accommodation for up to 36 older people some of whom have dementia. During our inspection there were 20 people living at the home. The property is a large detached house situated in a residential area of the village.

There was a manager at Heather House but they were not registered with the Care Quality Commission. 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

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There had not been a registered manager in position at Heather House since May 2014.

At the last inspection in May 2014, we asked the provider to take action to make improvements to staffing levels and the care people received and this action has been completed’.

People who use the service appeared calm and relaxed during our visit, with one person commenting “I do feel safe here”. Another person however raised concerns with us during our visit over some bruising they had received. We discussed this with the manager and a senior manager and a safeguarding referral was made.

A relative told us “I am happy (my relative) is safe, I have no concerns”. Systems were in place to protect people from harm and abuse; however these were not always followed by staff. Staff told us they reported incidents to the manager, we found that we were not notified of these. Services are required to tell us about important events relating to the care they provide using a notification. This meant there was an increased risk action would not be taken to keep people safe.

People were protected from risks associated with their care because staff followed the appropriate guidance and procedures. Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion. Relatives spoke positively about the home and the care and support provided. People’s medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely.

We saw that people’s needs were not always set out in clear and individual plans. We observed where one person required support with their behaviour in relation to their health needs. There were not clear and detailed guidelines set out on how to best support the person.

The provider had a complaints policy in place and relatives were confident they could raise concerns or complaints and they would be listened to.

The manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. They understood DoLS and were in the process of making applications to ensure people were supported appropriately.

Staff received appropriate training to understand their role. Staff had completed training to ensure the care and support provided to people was safe. New staff members received an induction which included shadowing experienced staff before working independently. We found there were some staff that had not received up to date training, the manager was aware of this and had an action plan in place.

The manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe. Safeguarding incidents were not recognised and reported to relevant authorities by the manager. This meant there was an increased risk action would not be taken to keep people safe.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely and accurate records were kept.

Requires Improvement



Is the service effective?

The service was not always effective. Where a person was refusing personal care support assessments were not completed in line with the Mental Capacity Act 2005 and support was not always provided in the least restrictive way. There were not clear, individual guidelines for this aspect of their support.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

Requires Improvement



Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed relationships.

Good



Is the service responsive?

There was a system in place to manage complaints. Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

People's care plans described the support they needed to manage their day to day health needs.

Good



Summary of findings

Is the service well-led?

The service was not always well led. The manager in post was not registered with the Care Quality Commission. There had not been a registered manager in post since May 2014. The manager told us they were going to through the process to become registered with us.

Staff felt well supported by the manager and there were systems in place for them to discuss their practice and report concerns.

There were regular audits in place. For example infection control medication and staff training. The manager and service quality manager had an action plan for improvements required to improve the quality of the service.

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 8 January 2015 and was unannounced.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and information we held about the home including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also made reviewed notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two relatives, four care staff, and the nurse on duty, the activity coordinator, the chef, the service quality manager and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service. We spoke with a visiting GP during the visit and two community professionals by telephone after the visit.

Is the service safe?

Our findings

We were informed by a person using the service during our visit about concerns they had relating to bruising on their arm. We discussed this with the manager who told us there had been an incident during the previous month. The records we hold about this service showed us the provider had not notified us of any safeguarding incidents. We found that we had not been informed of this event and the manager was not aware of the legal requirement to inform us. Providers of health and social care services have to inform us of important events which take place in their service. We also found the local safeguarding authority had not received a referral regarding the incident. During our inspection the manager made the referral to the local safeguarding authority. This meant the person was not protected from harm and appropriate action had not been taken.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training. Training records identified not all staff had received safeguarding training; the area manager told us this had been identified and an action plan was in place to address the gaps. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. One care worker talked about how they would recognise potential signs of abuse through changes in people's behaviour and this would be reported to the manager. They said they and were confident the manager or provider would listen and act on their concerns.

People we spoke with told us they felt safe at Heather House. One person told us "I do feel safe here". One relative told us "I am happy they (my relative) is safe, I have no concerns".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take. Medicines were supplied from the pharmacy using a monitored

dosage system. There had not been any medicine errors but staff were able to explain what they would do should an error occur. A GP would be contacted for advice in the event of a medicine error or if people were refusing

to take their medicine. We checked the amount of stock held for two medicines against the records and found these were accurate.

Assessments were undertaken to identify risks to people who use the service. Where risks had been identified management plans were developed to minimise the risk occurring. We saw assessments about how to support people to manage the risk of pressure ulcers, falls and support with moving and handling.

We observed in some parts of the home the environment looked worn. The walls and skirting boards in some areas had marks on them and the bathrooms were in need of updating. We saw there was a leak in the ceiling of the upstairs landing which we brought to the attention of the service quality manager, they reported this to the maintenance team and were advised this would be attended to the following day. We discussed our observations with the service quality manager who informed us they had plans to complete an environmental audit the following month and develop an action plan to remedy this.

We saw infection control audits were being carried out by the manager, these however did not reflect the Department of Health's Code of Practice on the prevention and control of infections and related guidance. At the time of our inspection the home did not have a nominated infection control lead person and they did not have a copy of the Code of Practice. We saw staff had access to appropriate personal protective equipment and observed them using this where required. During our inspection we observed cleaning being carried out by the employed cleaner and we saw cleaning schedules were in place. This meant people were at increased risk from not being protected from the risk of infections.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

During our last inspection in May 2014 we raised concerns as there were not enough qualified, skilled and experienced staff available to meet people's needs. We found during this inspection there were suitable staffing arrangements in place. The area manager told us staffing

Is the service safe?

levels were determined according to the dependency levels of the people who use the service. They explained where people may require additional support for example specialist or one to one support they could provide this. We saw there were shortfalls in the staffing rota and the service quality manager told us this was due to staff absence and they use agency most days to remedy this. The service quality manager told us they tried used the same agency to aid staff consistency. They also told us recruitment was underway to fill their staffing vacancies. During our inspection we observed there were enough staff which included some agency staff on shift to meet people's needs.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Is the service effective?

Our findings

Senior staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS, the manager told us they were in the process of completing an application for one person. Senior staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We spoke with care staff about their understanding of the MCA and DoLS. They demonstrated an understanding of the importance of supporting people to make decisions about their care and support by asking people what they want and offering choices.

We saw capacity assessments and best interest decision making processes had been followed for some aspects of support, for example in relation to people receiving their medicines. We observed there were some areas where the principles of the MCA were not being followed. We saw where records stated a person could refuse personal care support there was no evidence of them being assessed to have capacity around this decision and the best interest process being followed. We saw an incident record where physical restraint had been used during personal care, we found there were no specific detailed guidelines in place for the person and how to support them. The care plan stated if the person did not consent to care staff should go back later. There were no details of how long staff should wait before they return or the option of offering other staff to support. The manager told us the restraint was used on this occasion to keep the person safe to minimise harm.

During this incident the staff member supporting did not consider withdrawing from the situation and offering another member of staff to support. This meant people's preferences were not always respected and they were not being supported by staff in the least restrictive way and in their best interest.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. One staff member told us it was "a two way process" another said "I feel able to raise concerns and feedback is constructive". We looked at four staff records and saw supervisions and appraisals were held at a frequency in line with the provider's policy. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, "I have regular supervision meetings and they (the manager) always check I'm ok". We saw that care staff that were new in post were completing an induction and they told us they received regular support from managers.

Staff were aware of their roles and responsibilities. Staff told us they had received a range of training to meet people's needs and keep them safe. This training included safeguarding, dementia, infection control and moving and handling. The training records we looked at identified there were gaps in staff training. Some of the Registered Nurse's had not received up to date wound management training. The service quality manager told us she had identified the gaps during an audit and we saw there were plans in place to address this. A relative told us they felt staff were aware of people's needs and were able to meet them.

Relatives told us they were happy with the food provided and the menus were in their opinion "good". People were provided with a choice of cooked meals. We saw where people had specific dietary needs the chef had access to this information and there were suitable food options available. The chef explained that whilst there was a set menu choice of two cooked meals each day people could choose to have something different if they did not want the meals provided. For example we observed a person refuse their meal, staff responded by offering the alternative which they accepted. Another person refused both cooked meal options, staff asked if they would like a sandwich to which they replied "yes". The staff member went and got

Is the service effective?

them a sandwich. We saw that one person who did not want to eat lunch in the dining room and was offered support to eat in a different area. We observed staff providing good support for people who needed help to eat. Staff sat with people on the same level, explained what the food was and ensured people were ready to eat and in a good position before offering them a spoon of the food. The atmosphere was calm and relaxed during the mealtime. A choice of drinks and snacks were available throughout the day and people had jugs of water available in their rooms.

The provider told us in the PIR they assessed people using a screening tool to identify their risk of malnutrition. We saw where people were at risk of poor nutrition and hydration care records were in place to record the amount

of fluid they were drinking daily and we saw staff had completed these regularly. These records were reviewed by staff and there was evidence appropriate action was taken where required.

People were supported to see health professionals where necessary, such as their GP, chiropodist, district nurse or dentist. The GP told us things had improved over the past months and requests to visit the home had become more appropriate. This they stated was due to there being a more consistent staff team and staff having a good knowledge of people's needs. They told us they visited on a weekly basis where they could address all on-going and non-urgent issues and were called in at other times when required.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. Comments included, “the staff are great” and “the staff are wonderful and lovely”. A relative said “my (relative) is treated well and I wouldn’t change anything” and “the staff are nice and welcoming”. We observed staff talking to people in a kind and respectful manner. For example, we observed staff supporting someone using a hoist, during the support they were offering the person reassurance and letting them know what they were doing. Staff told us they spent time getting to know people, chatting to them about what they like and they told us how “positive chats make it a good day”. Staff recognised the importance of developing trusting relationships with people and knowing what is important to them. They told us they found time to sit with people on a one to one basis, talk to them and reminisce with the person about their past. A relative told us staff had recently arranged a birthday party for their relative, they told us it was organised with “no hassle or problems”.

We observed people spending time in their room where they did not want to join other people in the communal areas. One person told us “I stay in my bedroom and use my call bell to call staff and they always come”. Staff were aware of where people were during our inspection. Staff told us they offered to spend time with people in their bedroom to ensure they did not become isolated. We saw that people’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom.

People had signs outside of their bedroom to inform staff when personal care was being carried out. Staff told us these were in place to prevent someone entering a

bedroom whilst personal care was being undertaken in order to promote privacy and dignity. In our previous inspection in May 2014 we observed these signs being used inappropriately and inaccurately, during this inspection we saw they were being used effectively.

We saw where a person did not use English as their first language staff who spoke their language were identified to support them wherever possible. The service had installed a television in their bedroom with channels televised from the person’s country using their preferred language.

Staff had recorded important information about people, for example, likes, dislikes and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time.

People and those who knew them well were involved in some aspects about their care planning. For example where there was the need for use of bedrails, this was recorded in a person’s care plan and there was evidence the person’s relative being made aware of this. One relative told us they were invited to review meetings with staff to discuss how their (relative’s) care was going and whether any changes were needed.

Relatives told us they could visit at any time. They felt that staff knew their family member well and supported them appropriately. They said that staff were friendly and approachable and they were always kept up to date with any changes to their family members care needs. They told us “staff phone us if anything happens and they regularly keep us up to date”.

Is the service responsive?

Our findings

In our last inspection in May 2014 we identified care and treatment was not being planned and delivered in a way to ensure people's safety and welfare. The provider submitted an action plan to us detailing the action they proposed to take in response to this. During this inspection we found appropriate action had been taken in response to our concerns. People's care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medicines management. Where people required support with changing position regularly we saw staff were supporting this in line with their care plan and documenting accurately the time it had occurred. We saw positive feedback recorded from a visiting health professional regarding the standard of record keeping kept by the staff.

An activity coordinator was employed to provide activities during the week. During our inspection we observed a range of activities being offered, for example we saw a person engaging in kicking a ball in the lounge. The activity coordinator told us the person enjoyed football and the activity encouraged the person to move their legs and improve their circulation. We were told activities were offered on a day to day basis depending on what people wanted to do, these included reading books, skittles, cooking and board games. During our visit we observed people being supported to make pancakes and they

appeared to enjoy being engaged in this activity. Three people showed us they had manicures and their nails painted by staff and they talked positively when showing us this. Staff told us they spent time with people where they chose to stay in their rooms to prevent social isolation.

There was a process in place for raising complaints and we observed there had been one complaint raised since our last inspection. The complaint had been investigated and action had been taken in line with the organisation's complaints procedure. Relatives told us if they had any concerns they were confident they would be responded to they told us "I haven't had to complain, but if I did I would speak to the manager and I am happy it would be dealt with".

We saw residents meetings had been held to seek the views of people, one meeting documented feedback relating to the quality of a certain food. The service quality manager had addressed this with the food supplier. The manager told us six monthly meetings were held to gain feedback from relatives. We spoke to one relative who told us they attended the meetings and confirmed they were able to provide feedback and their views were sought about the home. Views were also sought from relative's in the form of an annual survey, where feedback had been received an action plan had been developed as a result. The quality service manager told us they had not received all the feedback of the 2014 survey as this had been distributed in December 2014.

Is the service well-led?

Our findings

A manager was appointed for the day to day running of Heather House; however the manager was not registered with the Care Quality Commission. The manager told us they were in the process of applying for the registered manager's position with CQC. There had not been a registered manager in post since May 2014. The manager was supported by the service quality manager and they told us they visited Heather House regularly to provide support. The service quality manager told us they were providing an induction for the manager to ensure they were aware of the responsibilities relating to the role.

Staff told us the manager was approachable and accessible and they felt confident in raising concerns with them. One staff member told us "if concerns are raised, we are listened to and changes happen as a result". We saw the manager had a process in place where they allocated a one hour time slot daily for staff to raise any non-urgent concerns. Staff told us they found this process useful. We saw records of team meetings, staff told us these were held monthly to discuss any concerns or ideas to improve the service they may have. We spoke with the manager about their thoughts on improvements to the service and they

were unsure of how they felt they would like the service to be developed. We also spoke with the service quality manager about the vision for the service; they told us they had future plans on filling their vacancies with appropriate referrals where they were able to meet people's needs.

The service had a clear staffing structure with defined roles, the staff we spoke with demonstrated an understanding of their responsibilities relating to their role and meeting people's needs. For example care staff told us what support they were able to provide to people and when the support would need to be provided by a senior member of staff.

The provider completed monthly audits of the quality of the service provided. These reviews included assessments of staff training, medicines, infection control, care plans and night time visits. The audits identified where actions were required and we saw a plan had been developed as a result of this. We saw where appropriate the actions identified during these reviews were communicated to the staff team through team meetings. For example, an audit of medicines identified the medicines storage room could become too hot and if this occurs the medicine's trolley should be removed. Staff meeting minutes confirmed this had been discussed with the staff team.

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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse.</p> <p>People who use services were not protected against the risks associated with being safeguarded from abuse because the provider did not respond appropriately and notify us of significant events. Regulation 11 (1) (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.</p> <p>People who use services were not protected from the risk of infection because appropriate guidance had not been followed. Regulation 12 (2) (a).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment.</p> <p>There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 18 (2).</p>