

Monarch Healthcare (HB) Ltd

# Heeley Bank Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Heeley Bank Care Home is a care home providing nursing and personal care for up to 67 people. Some people were living with dementia. The home comprises of 3 units, 1 for residential care, 1 for nursing care and 1 for people living with dementia related conditions. At the time of our inspection there were 54 people using the service.

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

The provider had a system in place to monitor the service and respond to any concerns. Action plans were used to prioritise issues to be addressed, however, these had not always been resolved in a timely way. We have made a recommendation the provider reviews their governance systems to ensure actions raised are addressed in a timely way.

Risks associated with people's care had been identified and actions taken to keep people safe. The provider had a safeguarding process and staff understood how to recognise and respond to abuse. There was a recruitment policy which assisted the manager in safely recruiting new staff. There were enough staff available to meet people's needs in a timely way.

Routine maintenance checks had been carried out to ensure the building was compliant with health and safety requirements. Accidents and incidents were recorded and analysed to minimise future reoccurrences. Systems in place to manage medicines ensured people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed, and care delivered in line with them. Staff told us they felt supported by the management team and told us how they worked well as a team. People were supported to maintain a healthy and balanced diet which met their needs.

Staff interacted with people and they were kind, caring and respectful. Staff respected people's privacy and dignity and involved them in decisions about their care.

The home employed 2 activity co-ordinators who provided social stimulation for people. The provider had a complaints procedure and people knew who to speak with if they had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12 August 2021 and this is the first inspection. The last rating for the

service under the previous provider was good, published on 8 October 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Heeley Bank Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 3 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 care service.

#### Service and service type

Heeley Bank is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heeley Bank is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During inspection we spoke with 8 staff including the registered manager, regional members a nurse and care workers. The regional manager also attended to support the inspection and provide information. We also spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. We spoke with 4 people who used the service about their experience of the care provided and spoke with 4 relatives.

We reviewed the day to day care records, risk assessments and care plans for 4 people and multiple medicines records. We looked at personnel and recruitment records for 3 staff and a range of records in relation to the management of the service. We requested and reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems and processes and quality monitoring.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding. Staff were confident they would be able to recognise abuse and would report any concerns immediately.
- The manager kept a record of safeguarding concerns and could evidence appropriate actions had been taken when required, to protect people.
- People told us they felt safe living at the home. One person said, "I feel very safe here." A relative said, "It is the first time I've been into a care home, so I didn't know what to expect. I have felt comfortable with [family member] being here though, I feel [family member] is safe."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed to keep people safe from harm.
- Some risk assessments lacked detail. We raised this with the manager who took immediate action to add information.
- Staff understood risks and were supporting people in a safe way.

Staffing and recruitment

- The provider had a robust recruitment system to ensure staff were safely recruited.
- Staff recruitment files contained appropriate documentation and evidence of pre-employment checks such as Disclosure and Barring Service (DBS) checks.

Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff interacted with people and there were enough staff available to meet people's needs.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed. For example, time specific medicines were administered appropriately.
- We found some minor issues regarding medicines. For example, some boxed medication had been opened and no date of opening was recorded. We raised this with the manager who had previously identified this and was addressing the concern.
- People told us they received their medicines as required. One person said, "I can press my buzzer and get painkillers if I need them, there's no problem."

### Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. During a tour of the home we found some minor concerns in regard to infection control. Following our inspection, the manager completed an audit and actioned the concerns.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to maintain contact with their family and friends. We saw visitors were welcome at the home.

### Learning lessons when things go wrong

- The manager had a system in place to monitor and review accidents and incidents. This identified any trends and patterns and action was taken to mitigate future risks.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed and delivered in line with their preferences.
- People's assessments and care documentation was reviewed regularly to ensure people received appropriate support.
- People were referred to other healthcare professionals when required.

Staff support: induction, training, skills and experience

- Staff received training and support which gave them the skills and knowledge to carry out their role.
- The home had recently recruited some new staff which were in the process of completing their mandatory training.
- Staff completed an induction when they commenced their role. This included shadowing experienced staff.
- People told us they thought staff had the skills to care for them. One person said, "The staff seem to have the right skills. They look after me well. They tend to be female staff and I have no issues with any of them. They are all very nice." Another person said, "You get to know them [staff] and they get to know you."

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

- People were supported to eat and drink a varied and nutritious diet which met their needs.
- We observed the lunchtime experience on 3 units and found people were well supported.
- Choices were offered in various formats such as show plates and menus, which were available in a written and picture format.
- Drinks and snacks were offered at several times throughout the day and included nutritious options such as milkshakes.
- People told us the food was nice and there was always a choice of meals. One person said, "I like to have my [cereal] at breakfast and then I am set up for the day." One relative said, "I'm sure [family member] gets enough to eat. [Family member] doesn't complain of being hungry."

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

- The home was purpose built and had wide corridors which facilitated the use of equipment such as wheelchairs and specialist chairs.
- Dementia friendly signage was available throughout the home and assisted people to navigate around the

home well.

- People had access to outside garden space, and this had planters and furniture and was a pleasant area for people to sit. People who like to smoke had a smoking area in which they could enjoy their cigarettes, however seating in this area could be more appropriate to better facilitate people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff were knowledgeable about the MCA and DoLS and ensured people were involved in the decision making process where possible.
- Where people lacked capacity, best interest decisions were recorded in care planning documentation.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people on all units. We found staff were caring and supportive and there was a pleasant atmosphere and friendly banter taking place.
- People and their relatives were complimentary about the support they received and told us staff were kind and caring. One person said, "All the staff are lovely. [Staff member] is amazing, anything you want [staff member] will get it for you." A family member said, "The staff seem to be respectful and caring."

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

- During our inspection we observed some very positive interactions between staff and people.
- Staff took time to explain things and offered information in various formats. For example, we saw a staff member using the picture menu to help a person choose their meal. This interaction was unhurried, and the staff member showed patience and kindness.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and maintained their dignity. We saw staff carried out their role in a respectful way.
- One person said, "I have a bed bath and they look after me well. They close the door and make sure they keep me covered as much as they can. They don't all knock though."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which met their needs and suited their preferences.
- People were supported by a staff team who worked well together and understood people's needs.
- People's bedrooms were personalised, and staff had assisted them and their relatives to present their room in the way they chose.
- Care plans were person-centred and included people's preferences. However, some relatives didn't feel involved in their relative's care plan. We spoke with the manager about this and they told us a meeting is arranged where this would be discussed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated effectively with people and they were responsive to body language and facial expressions.
- Information throughout the home was in a format which supported people. For example, use of pictures, and dementia friendly signage.

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

- The provider employed 2 activity co-ordinators who provided social stimulation and activities for people.
- Each activity co-ordinator had been in post less than a month and explained they were in the process of developing a stronger and more integrated programme for everyone in the home.
- There were several activity programme boards about the home and the programme was laid out in words and pictures.
- During our inspection we saw people enjoyed a visit from a therapy dog. This provoked lots of conversation and interaction.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and the manager kept a record of concerns received and actions taken.

- People told us they knew who to speak with if they had any concerns and felt any concerns would be taken seriously and acted on.

#### End of life care and support

- Care plans included information regarding end of life care.
- Staff told us they received training in end of life care and knew how to support people and their relatives during this stage of life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This was because governance and oversight of the service was not robust.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a system to monitor the service and respond to any concerns. Action plans were used to prioritise issues to be addressed, however, these had not always been resolved in a timely way.
- The provider had a service improvement plan in place to address issues raised from the audit process. This was overseen by the regional manager. However, daily quality checks and manager audits were not always robust in ensuring actions were addressed.

We recommend the provider and manager strengthens their governance systems to ensure actions raised can be addressed in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care from staff who knew them well. We saw staff supporting people in an open and inclusive way.
- The provider had identified a space to use as an end of life suite. This was in the process of refurbishment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The management team were aware of their legal responsibilities and were open and honest with people and had acted when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system in place to capture people's feedback and to engage with stakeholders.
- Most people and relatives told us communication was good. One relative said, "I am very happy with the care [relative] gets. They do communicate with me although I do tend to ring them more often than not." Another relative said, "I would recommend the place, but they could do with more staff." One person said, "It does seem to be a well-run place given the diversity of the people they have here. I don't know the management team, but I have no problems."

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice. Care plans included advice from healthcare professionals.

