

Pearl Care (Norwich) Limited

# Heatherside Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Heatherside Care Home is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 34 people. The care home accommodates people in one adapted building over two floors.

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

The provider and registered manager had not monitored the safety of the building appropriately. We brought this to their attention and they took immediate action to improve the safety of the building. There was information missing in the recruitment records of some staff and therefore it was unclear if their suitability for the role had been appropriately assessed. Following the inspection, the registered manager sent us documentation that demonstrated sufficient checks had been undertaken and that employment checks would be more robust in future. Some improvements were identified in relation to medicines management and recording. Incidents and accidents were monitored and investigated to reduce the risk of re-occurrence.

The service was not always well-led. Previous managers, the provider and the registered manager had not identified or sufficiently acted upon the issues we found during the inspection. Auditing processes had not been effective. However, the provider and registered manager took prompt action in response to our concerns. The registered manager and staff promoted a positive, open and honest culture within the service and understood their regulatory responsibilities. People and relatives were appropriately involved in the service.

Staff received a variety of training and felt well supported by the registered manager. The service was following some current best practice guidance and involved the appropriate healthcare professionals in people's care. People's hydration and nutritional needs were met.

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.

The registered manager and staff provided caring and compassionate support to people. People were encouraged to remain as mobile and independent in their daily lives as possible. We observed people to be treated with dignity and respect.

People's needs were holistically assessed and met by the care provided. People were treated equally and without discrimination. A variety of activities were available for people to participate in and enjoy. Complaints were well managed and responded to appropriately. End of life care was provided effectively and compassionately.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

The last rating for this service was good (published 17 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heatherside 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 Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector, assistant inspector 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

Heatherside is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional manager, administration manager, deputy manager, maintenance staff member and care staff. Some people were unable to speak to us about their experience of the service, therefore we observed their experience and the care they received in communal areas.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further information sent to us by the registered manager, administration manager, deputy manager and provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Health and safety checks of the building were not completed effectively. The service had not monitored the fire safety in the service appropriately. The majority of the required improvements previously identified by the fire risk assessment dated 25 March 2019 had not been carried out. The service had carried out fire evacuation drills but they were not effective and had not identified areas of concern that we found during the inspection. This had placed people at risk of harm. However, we brought this to the attention of the registered manager and provider during the inspection and they took immediate action to improve the fire safety in the service.
- We contacted the fire service after the inspection to inform them of the concerns we found. The fire service carried out an assessment of the building after the provider had made improvements. The fire service were satisfied that actions had been completed sufficiently and the service was compliant with the Fire Safety Order.
- The provider had not appropriately monitored the water systems in the building. A legionella risk assessment audit dated 31 July 2019 noted that remedial actions identified in the risk assessment from December 2016 had not been completed. Records of flushing of water outlets and temperature checks did not provide assurance that all checks had been completed as required.
- The insufficient management of legionella risk had placed people at risk of harm. We brought this to the attention of the registered manager and provider during the inspection. Following the inspection both the registered manager and maintenance staff member undertook training in Legionella awareness. The registered manager informed us remedial actions identified in the risk assessment were completed or booked, appropriate checks of the water system and improved record keeping were put in place.
- Appropriate risk assessments were in place for other aspects of care being provided. Actions staff needed to take to mitigate risks were considered and documented. One person told us staff advised them if they were doing things that put them at risk of falling. Some people at risk of falls had equipment in place such as sensor mats to alert staff they were moving and needed support.

### Using medicines safely

- Administration of prescribed creams was not always clearly documented, and some creams were being administered on an 'as required' basis when they were prescribed to be given regularly. It was unclear whereabouts the creams should be applied. Some people were given medicines with food in a crushed form. The service had not kept appropriate records of seeking a pharmacist's advice before doing this to check the medicine would still be effective.
- We found no evidence that the issues found had impacted upon people and other medicines were administered appropriately. Medicines were also appropriately stored. We informed the registered manager

of the issues we had found and they told us improvements to the recording of medicines would be made.

#### Staffing and recruitment

- Some recruitment records were not available or complete during the inspection. For example, it was unclear if one staff member had an appropriate Disclosure and Barring Service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Evidence of conduct in previous health or social care roles were not documented or explored. There were also some gaps in employment history. It was therefore unclear if appropriate checks had been carried out to ensure staff were suitable prior to starting their employment.
- We raised this with the registered manager and following the inspection records were sent to us that demonstrated most of the checks had been completed except evidence of staff conduct in previous roles with adults at risk. The registered manager informed us this would always be explored and documented in future recruitment.
- The registered manager was in the process of recruiting more permanent staff. The service was using some agency staff, but the same agency staff were used consistently to minimise impact on people. One staff member told us, "The agency members of staff we have are practically full-time members of staff." Some permanent staff had been in post for many years. We received mixed feedback about staffing levels from people. One person told us, "I think they seem to have enough staff at the moment." Some people told us they sometimes had to wait for staff to support them.
- Staffing levels had been recently increased in the mornings to provide more support for people when getting up and having breakfast. The service was further considering increasing staffing levels in the evening. The registered manager and regional manager told us that staffing levels would be kept under constant review to ensure people's needs were met.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe in the service. One relative told us, "I've got peace of mind. I know [my relative's] safe."
- Staff had received training in safeguarding. They were confident in how to raise concerns to appropriate people or authorities. The registered manager understood their responsibilities related to safeguarding.

#### Preventing and controlling infection

- Staff understood their responsibilities in preventing the spread of infection. We observed staff to wear personal protective equipment such as gloves and aprons appropriately. Some areas of the home appeared worn and stained. The registered manager was aware of this and had plans to make improvements for example, by replacing some of the carpets.

#### Learning lessons when things go wrong

- Incidents and accidents were investigated and acted upon by the registered manager. For example, the registered manager had introduced an audit tool for staff to use to reduce the number of medicines errors occurring in the service. The number of errors had reduced as a result and staff told us the audit was helpful.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were holistically assessed. The service followed some current best practice guidance, for example, the registered manager had recognised recent guidance from CQC called, 'Smiling matters' about best practice in oral care. People in the service were supported to maintain good oral health for example with dentist check-ups and changing toothbrushes regularly. The service was also aware of current best practice around sexuality and intimate relationships. They were supporting people in the service who wanted to develop relationships.
- The registered manager had been in post for approximately three months and told us they were keen to research current guidelines and best practice further for the benefit of people using the service.

Staff support: induction, training, skills and experience

- Staff supervision was not up to date. The administration manager told us that 11 out of 14 staff had received supervision between January and May 2019 but there were no records of this. This did not appear to have an impact on staff at the time of the inspection who told us that although they had not been well supported at that time, they had felt well supported by the registered manager since they had come into post.
- The provider had recognised that staff supervision and appraisal had not taken place appropriately but had not taken robust action to ensure they were completed in a timely manner and recorded. Supervisions and appraisals for 2020 had been booked by the registered manager who recognised the importance of supporting staff. We have commented on staff supervision further under the well-led section of the report.
- Staff received an induction and period of shadowing. Staff received various training suitable to their role which was up to date. We received positive feedback from staff about the training provided.

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

- People had choices for meals and enough to eat and drink. One person told us, "The food is good and you do get a choice."
- Staff told us they encouraged people to drink fluids regularly, ensuring drinks were always available, to prevent dehydration.

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

- The registered manager was planning to improve some areas of the home that were in need of redecoration or refurbishment. This included improving the decoration and design of the service with the needs of people living with dementia in mind.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made appropriate referrals to various healthcare professionals including: GPs, physiotherapists and chiropodists. One person told us, "They get a doctor if you need it."
- Staff communicated with outside agencies where they had any concerns about the needs of people.

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

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

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

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

- Appropriate mental capacity assessments and best interests decisions were in place. Relatives had been involved appropriately. Authorisations had been applied for if people were at risk of being deprived of their liberty and the registered manager monitored their expiry dates.
- Staff understood how to support people who did not have capacity to make some decisions. They understood the importance of supporting people to make as many decisions for themselves as possible and used the least restrictive practice.
- People told us staff asked for their consent before assisting them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives told us staff were caring. Relatives told us, "They're very kind. They're very caring, not just with [my relative] but everybody," and, "The staff. They've got a lovely way about them." One person told us, "It's like being at home [living here]."
- We observed caring and compassionate interactions between the registered manager, staff and people throughout the inspection. For example, staff were not rushing people but supporting them patiently with words of encouragement.

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

- People were involved in making decisions about their day to day care for example, if they would like a bath or shower, or what clothes they would like to wear.
- Relatives told us they were involved in people's care planning and care reviews appropriately. One relative told us they felt listened to by staff during these processes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as much as they were able. People were encouraged to do the things they were able to and staff would support them where needed. For example, one person told us, "Some parts of my clothing they help me with."
- We observed people to be treated with dignity and respect.

# Is the service responsive?

## Our findings

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

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

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

- People had comprehensive and person-centred care records. Information included their personal history, needs, preferences and any risks to their health and wellbeing. Care plans were regularly reviewed. One staff member told us, "We try and make the care plans person centred."
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, one person did not celebrate certain events and religious festivals and staff were respectful of this.

Meeting people's communication needs

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

- The registered manager told us they would support people with any communication needs to understand information. We observed the registered manager and staff to be able to communicate with people well during the inspection. The registered manager told us information was available in different formats to give to people.

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

- At the last inspection people told us they did not feel they were always provided with the opportunity to participate in activities which they enjoyed. We found this had improved during this inspection. We received positive feedback about the activities in the service.
- The service had a range of activities available for people to enjoy in the home for example baking, gardening and games. We observed some activities taking place during the inspection. Staff asked people what activities they would enjoy and tried to facilitate them. For example, one person enjoyed poetry so staff read poetry to them. The service had introduced some pigs in the garden for people to interact with. People were involved with feeding the pigs and enjoyed this.
- The service also held events for people to enjoy for example, a summer garden party. Some external visitors came into the service to provide activities or social interaction. For example, the Women's Institute and a local church visited. A nursery school had visited the service which enabled positive interaction between people and young children.

- The activities coordinators told us they would like to provide trips out of the service for people and involve the local community more. One person told us, "It would be a good idea to have trips out." The registered manager told us they were working towards providing this.
- People were supported to maintain and develop relationships. Two people in the service had recently developed a friendship that they enjoyed and staff were supportive of their relationship.
- The service carried out some fundraising for charities.

#### Improving care quality in response to complaints or concerns

- Complaints raised had been appropriately managed in a timely manner.
- The provider's complaints procedure was displayed in the service on a notice board.

#### End of life care and support

- We received positive feedback from one relative about the end of life care and support their loved one had experienced. They told us, "[Staff cared for my relative] amazingly. I really mean that. It's an amazing place. They knew her and what she liked, they treated her with dignity."
- People had advanced end of life care support plans in place which noted their preferences and wishes for how they should be supported at the end of their 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager had only been in post for approximately three months at the time of the inspection. Prior to their arrival the service had not been appropriately managed by previous managers or the provider who had not identified concerns or taken robust action in response to concerns we found during the inspection.
- The provider carried out audits of various elements of the service. However, these had not always been effective in the period that the service did not have a registered manager. For example, they had not identified or sufficiently acted upon the concerns related to fire safety, legionella risk management, supervision and appraisal, medicine records and recruitment records. Where actions had been identified, the majority had not been completed.

The provider had failed to assess, monitor and mitigate the risks relating to the safety of the service and this had placed people at risk of harm. The provider had also failed to maintain accurate records including those related to staff employed, medicines and management of the premises. This was a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- This was brought to the attention of the provider and registered manager during the inspection who took prompt action and informed us the auditing processes would be more robust in future. The registered manager told us, "Going forward, we will ensure actions are completed."
- An audit completed in August 2019 by the provider identified that during the leadership of previous managers, 'staff were left to self-manage.' Feedback from staff during the inspection agreed that there had been a lack of effective leadership prior to the arrival of the registered manager. This had contributed to the lack of oversight and shortfalls that were found during the inspection.

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

- We received positive feedback about the registered manager who had only been in post as a manager for approximately three months at the time of the inspection. Staff told us there had been a marked improvement in the leadership of the service since the registered manager's arrival. One staff member told us, "The team is noticeably so much happier now."
- There was a friendly, welcoming atmosphere in the service. The registered manager had promoted a

positive atmosphere and told us, "We're working in the resident's home so we've got to make it a nice atmosphere." The also told us one of the priorities was, "Building the staff morale." A staff member told us, "I think we have a really close team at the moment."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager took our findings seriously. The regional manager told us learning from the inspection would be applied to all of the provider's services.
- The registered manager understood their regulatory responsibilities. Registered persons must notify CQC without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns. The rating from the last inspection was displayed appropriately.
- Senior staff meetings and team meetings took place where important information about the service and people's needs was communicated between staff members.

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 registered manager understood their responsibility under duty of candour including the importance of being transparent and offering an apology where appropriate.

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

- Residents and relatives meetings took place to gain feedback from people on how they would like the service to improve. One relative told us, "[The registered manager] is very approachable. The relatives' meetings are good. People can talk about their views." People in the service told us they felt listened to by the registered manager.
- The provider sent feedback questionnaires to people and relatives and then analysed the responses to identify areas for improvement. The registered manager had made improvements in response to feedback, for example providing access to an extra toilet downstairs.

Working in partnership with others

- The registered manager was planning to develop links with the local community for the benefit of people using the service. This included planning more trips out of the service for people to enjoy different experiences.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the safety of the service, service users and others. Audits had failed to identify concerns found in relation to the fire safety, legionella management, medicines management, staff recruitment and supervision and appraisal arrangements.</p> <p>Regulation 17 (1) (2) (b).</p> <p>The provider had failed to maintain complete, accurate and contemporaneous records related to persons employed, medicines and management of the premises.</p> <p>Regulation 17 (1) (2) (c) (d)</p>