

Miss V Etheridge

Heronlea Residential Home

Inspection report

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Date of inspection visit:
11 August 2021
17 August 2021
27 August 2021

Date of publication:
29 December 2021

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Heronlea Residential Home is a care home providing personal care and support for up to 13 older people, all living with dementia. At the time of the inspection, all rooms were occupied. The service had bedrooms across two floors, with communal bathing facilities on the ground floor. There was a people carrying lift in place and access to an enclosed garden area.

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

People were not protected from harm and risks relating to the standard of care provided, or the condition of the care environment. There was poor storage of items which could cause harm to people, and equipment people used was not always well maintained. Where people experienced individual risks, such as having falls, timely action was not taken to ensure staff received guidance from external professionals to mitigate the risk of reoccurrence. There were poor fire safety standards in place, putting people living at the service at risk. This resulted in an onward referral to the fire service by Care Quality Commission (CQC) to seek assurances around people's safety and any additional action required by the registered manager.

There were insufficient pre-employment checks in place to protect people from the risk of staff working at the service who were not suitable to work in care settings. Improvements were required in relation to people's medicine management, and to ensure they were able to communicate their need for pain relief medicines to staff.

The service needed to improve overall levels of cleanliness, and there were shortfalls in the protection of people from the spread of infectious conditions, such as COVID-19. Staff, including the registered manager were found not to comply with current government guidelines in the management of COVID-19, particularly in relation to the wearing of personal protective equipment. People did not receive consistently high standards of safe care. Overall, people were not supported to meet their maximum potential and lead meaningful lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 17 July 2017). In response to the pandemic, there had also been an infection, prevention and control inspection visit completed in January 2021.

Why we inspected

The inspection was prompted in part due to concerns received about the standards of safe care and support being provided to people living at the service, as well as a recent police investigation. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to inadequate.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heronlea Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, premises and equipment, good governance and the required level of safety checks when employing staff.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is now in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Heronlea Residential 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

Consisted of two inspectors.

Service and service type

Heronlea Residential Home is a 'care home'. People in care homes receive accommodation and nursing or 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, who was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. For the purposes of the report, they will be referred to as the 'registered manager.'

Notice of inspection

We completed visits to the service on 11 and 17 August 2021. Both inspection visits were unannounced.

What we did before the 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. We reviewed information we held about the provider and liaised with social care professionals involved with the service.

During the inspection

We spoke with and interacted with five people who used the service and observed care being provided in

the communal areas. We spoke with five members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records, including nine people's care records and five medication records. We looked at ten 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 continued to seek clarification from the provider to validate evidence found. We sourced feedback from the GP, a healthcare professional and spoke with one relative by telephone.

We provided final inspection feedback to the registered manager on 27 August 2021 by telephone.

We liaised with the local authority quality assurance team, and made onward referrals to external agencies, including Norfolk Fire and Rescue Service.

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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not protected from risks within the care environment. These included a lack of window restrictors to prevent risks of people falling from a height, or unauthorised access to the service.
- Water safety checks were not effective. Legionella water checks repeatedly identified temperatures exceeding safe ranges in areas of the service accessible to people, with no mitigation in place.
- People living with dementia had access to items which could cause them harm, without any risk assessments in place. This included access to teeth cleaning tablets, personal care products, prescribed creams and razors not being stored securely.
- People were not protected from risks associated with access to hot surfaces. This included radiators with ineffectual covers, and unsupervised access to the kitchen, which contained hot surfaces including a hot water urn.
- Maintenance checks were not all in place to show equipment was safe for use and fit for purpose. Required safety checks for the use of slings was not in place at the time of the inspection. The boiler had not been recently serviced, and the registered manager was unable to provide any form of maintenance certificates.
- People were at risk of weight loss. There had been no working weighing scales in place for over eight weeks, and these were only ordered following the first day of inspection. No alternative monitoring techniques were in use in the interim.

The premises and equipment was not being maintained in line with recognised safety standards. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our final feedback meeting, we have received updates from the registered manager to confirm that lockable cabinets have been installed to store risk items, a plumber had visited to address the concerns with water temperatures and a maintenance check of the slings had been completed. The scales had been delivered on the day of the feedback meeting.

- There were poor quality care records in place. Records lacked detail and were not being regularly reviewed. For example, risk assessments for falls did not provide meaningful information to demonstrate follow up action was taken where risks were identified to ensure timely mitigation. People had limited abilities to keep themselves safe, and relied on staff recognising their needs and risks and when to seek specialist support.
- Staff were not working safely. Staff were observed to be wearing open toe footwear, while working in the kitchen and providing care to people. This was not in line with the Health and Safety at Work Act (1974).

- Timely action was not taken to address shortfalls in risk management. Feedback was given to the registered manager on areas needing to be improved in people's care records at the first inspection visit, to mitigate risks. These had not been addressed by the time of our second site visit.
- People staying at the home for respite care were not having care plans and risk assessments completed as routine on admission. Therefore staff did not have basic guidance to follow to keep people safe from harm, and people did not always recognise their own support needs.
- People were not being protected from fire safety risks. Fire drills and evacuations were not being completed, only discussed in supervision. The fire risk assessment was due to be reviewed. We observed one staff member to light their cigarette inside, before going outdoors.

Risks relating to the health and welfare of people were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our final feedback meeting, we have received updates from the registered manager to confirm they had addressed the concerns regarding poor practices with the staff team.

Staffing and recruitment

- People were not being protected from harm. Required pre-employment safety checks where risks and concerns were identified had not been completed, to ensure that staff were appropriate to work within care settings.
- The registered manager was not completing detailed investigations. Where concerns had been raised with the registered manager regarding individual staff performance, for example from the local authority safeguarding team, these had not been robustly investigated and action taken to reduce risks.

Required checks in relation to character, and suitability to work within a care setting were not in place. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our final feedback meeting, we have received updates from the registered manager to confirm all but one risk assessment has now been completed for those staff where pre-employment risks had been identified.

Using medicines safely

- Competency assessments or reviews were not undertaken to ensure staff were safe to support people with their medicines, or that their practice was kept up to date.
- Security concerns were identified in relation to the safe storage of medicines.
- Staff were not using pain assessment scales to support people living with dementia to communicate their needs in relation to pain management.

Risks relating to safe storage and staff competence to administer medicines safely were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our final feedback meeting, we have received updates from the registered manager to confirm improvements had been made to security arrangements within the service.

- No concerns were identified in relation to stock levels and the records relating to giving people their

medicines.

Preventing and controlling infection

- Improvements to cleanliness and the condition of damaged surfaces to aid infection prevention and control were needed throughout the service.
- Staffing levels were impacting on the staff team's ability to keep on top of cleaning, as well as the other demands on their time.
- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was meeting shielding and social distancing rules.
- We were not assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date; however, we identified concerns in relation to its implementation into practice.

Measures were not in place to prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our final feedback meeting, we have received updates from the registered manager to confirm improvements have been made to cleanliness within the service.

Learning lessons when things go wrong

- Areas needing to be addressed and improved upon were also identified as an outcome of the infection control inspection completed in January 2021, and associated feedback. However, the registered manager had not learnt lessons from feedback provided or implemented any form of service improvement plan to mitigate reoccurrence.
- Feedback provided as an outcome of this inspection was not acted on in a timely way. The seriousness of our concerns were not recognised.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding referrals or incidents recorded by the service in over 12 months. This, alongside other inspection findings did not demonstrate that the registered manager, or staff team recognised types of abuse and when incidents needed to be reported.
- We identified examples of incidents that were notifiable to CQC and the local authority safeguarding team. This included a person with a pressure area, and a recent police investigation.
- Staff demonstrated varying levels of understanding regarding safeguarding practices and procedures when asked.
- People's abilities to consent to treatment were not being assessed. Decision specific assessments of people's capacity were not in place to involve them in the assessment process and protect them from harm.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

- The registered manager did not recognise their regulatory responsibilities. The registered manager was not familiar with what type of incidents or accidents would meet the threshold to be referred to CQC and or the local authority safeguarding team and as a result had not always submitted notifications when required.
- There was a lack of governance and oversight of risks within the service impacting on people's safety. This included pre-employment safety checks. There was a lack of recognition of individual accountability or understanding of associated risks posed to the people living at the service.
- The quality of staff supervision was poor. The registered manager was not addressing staff performance or recording completion of competency checks to maintain safe practices and procedures. There was no evidence of staff completing refresher training courses and the service did not hold a training matrix to ensure staff were trained and skilled to meet people's needs.
- Audits and quality checks were poor. Environmental safety and cleanliness concerns had not been identified by the registered manager and were only starting to be addressed as an outcome of the inspection. This did not demonstrate that staff recognised risks and what they needed to do to mitigate them.
- The registered manager and deputy did not lead by example. For example, inspectors reported concerns regarding staff footwear at the first inspection visit, but this remained an area of concern within the management team when we completed the second inspection visit as the deputy manager continued to wear flip flops.
- People did not have access to meaningful activities. The registered manager told us that people did not wish to participate in activities. However, the service's statement of purpose stated, "We encourage clients to keep active and to help them we also have a monthly activities programme displayed in the home for all to join in." This was not in line with inspection findings, and did not ensure people had access to stimulation and structure during their day.
- Information was not being communicated effectively with staff. There were no records of staff meeting minutes, or information shared in written format to ensure staff had all received, read and understood information to maintain good standards of care.
- The registered manager was not keeping up to date with changes in guidance. This placed people living at the service, and staff at risk. This was due to not keeping up to date or adhering to changes in government

guidance in relation to the management of COVID-19, particularly in relation to new admissions and readmissions from hospital to the service.

- Good outcomes of care were not consistently achieved. For example, we found a person receiving personal care in another person's bedroom, rather than being taken back to their own room to maintain their privacy and dignity. There was no rationale for why staff worked in this way in the person's care records, this did not demonstrate that the needs of the individual had been considered.
- There was a closed culture within the service. Poor reporting and information sharing with third party stakeholders did not demonstrate openness or transparency.
- Information shared with us was not consistent with feedback received from the police. There was no recognition by the registered manager as to their responsibilities in relation to duty of candour, acceptance or recognition of any failings or improvements that could be made as an outcome.
- The service did not have an improvement plan. The registered manager was clear that they did not feel an improvement plan was required. This did not demonstrate the value of reflecting on feedback received, for example in response to the infection control inspection completed in January 2021. This would also offer an opportunity to source feedback and engagement from people living at the service.
- The deterioration in rating and breaches of regulation were a reflection of a lack of acting on previous feedback, completion of quality auditing standards, and a lack of recognition of the need to ensure practices were in line with current ways of working.
- There was a lack of evidence to show staff were trained to meet people's needs. The registered manager was unable to provide any form of training matrix, or confirmation of training compliance levels within the staff team. This again did not safeguard people from risk.
- Staff's competency was not checked, and supervision records contained limited information relating to the assessment of staff understanding and implementation of training into their practice.

The service had poor governance arrangements in place to drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked closely with the GP, and other healthcare professionals. We received positive feedback about the standards of care provided. However, it was recognised that the GP had not completed any recent visits to the service.
- One relative told us they felt involved in the care provided for their family member. The relative told us they were encouraged to provide feedback. They told us, if they raised any concerns, they were always satisfied with the response provided by the registered manager.
- People's wishes and preferences in relation to their protected characteristics were not always detailed in their care plans. For example, sexuality plans only referred to people's clothing choices, and did not recognise past and present relationships of importance to the person.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider was not implementing risk management to protect people's health and welfare of including in the management of their medicines and preventing the spread of infections, including COVID-19.</p> <p>Regulation 12(1) (2) (a) (b) (c) (d) (g) (h)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The care provider was not maintaining the premises and equipment used with people in line with recognised safety standards.</p> <p>Regulation 15 (1) (a) (c) (e) (2)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider had poor governance arrangements in place to drive improvement and care standards at the service.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (e)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The care provider was not completing the required checks in relation to character, and suitability to work safely within a care setting of new or existing staff where risks were identified.

Regulation 19 (1) (a) (b) (2) (a) (3) (a) (b) (5) (a)

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.