

Sheval Limited

# Heatherside House Care Centre

## Inspection report

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19 December 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

This focussed inspection took place on 18 and 19 December 2017 and was carried out by one adult social care inspector. The inspection was unannounced on the first day. The inspection was undertaken to see whether the service was now meeting the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The team inspected the service against one of the five questions we ask about services: Is the service well led? We found that the service was still not meeting this regulation.

Previously we had carried out a comprehensive inspection in March 2017, which had rated the home as requiring improvement overall. We identified the provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. After that inspection, we issued warning notices to the provider and to the registered manager as we found the service was not well governed and was therefore not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audits and checks had not identified or addressed quality and safety issues. There was no overall quality assurance system which ensured that the provider monitored the quality and safety of the service. The warning notices specified that the home should address the concerns and be compliant with the Regulation by 30 September 2017.

Heatherside House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heatherside House accommodates people in two connected buildings.

The service provides care and support for up to 25 younger and older adults with a diagnosis of learning disability and/or autism. Some people also have sensory impairments and/or physical disabilities. There were 22 people living at the service at the time of the inspection.

The home had a manager who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were still at potential risk because quality assurance and governance did not identify areas of risk or improvement required.

The home had been undergoing extensive renovations and refurbishment for since 2015, which had posed risks to people's safety and well-being. Many of these risks had not been identified or addressed as part of the home's quality assurance systems. During the inspection, we carried out a walk around the service with the registered manager and identified risks to people's safety. After the inspection we wrote to the registered manager and provider asking them to provide assurances as to how these risks had been

addressed. These included tools being left in a corridor and a fire exit being left open when used by workmen. The fire exit led to an area where there was a skip and building equipment which was accessible to people in the home. We also identified a laundry which was not suitable for use, a toilet with no running water at the hand wash basin and a ripped carpet in the main reception area. We received a response from the registered manager and the provider showing the steps they had or were taking to reduce the risks and keep people safe.

People and their families had not been involved in discussions about the ongoing building work or the impact this might have on stress levels and enjoyment of life.

Some audits and checks that were carried out within the home had not identified risks to people's health and wellbeing. For example, checks of the building had not identified risks associated with extensive ongoing building works.

Communication systems in the home did not ensure that all staff would be made aware of changes to a person's needs and care. Audits of care plans had not identified or addressed that they did not fully describe people's risks, such as being at increased risk of falling. Audits of staff records had not identified there was some missing paperwork relating to recruitment of new staff.

Although senior staff visited the home frequently, and were also in regular contact with the registered manager, there was no information about how they monitored the quality and safety of the home.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were not supported to live as ordinary a life as any citizen. The home had a 'paternalistic' approach to providing care, rather than supporting people to become as independent as possible. Many of the people living at Heatherside had been resident in the home for a significant number of years. Although staff were recognised by health and social care professionals as caring, professionals said they had concerns as the service was "set in its ways" and people were not "supported to be as independent as possible."

The registered manager was well liked and respected by people in the home and staff. Professionals commented that the registered manager was very helpful and also very alert to changes in people's health needs. There was good liaison with the local GP and other health and social care professionals. The registered manager had worked with the local authority to improve the running of the home.

We found a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, we arranged to meet with the provider to discuss the findings and explain the actions we may take if the service continues to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are also planning to undertake a comprehensive inspection of the service by the end of March 2018. This will enable us to check whether improvements have been made to ensure the service meets all the regulations.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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

We always ask the following five questions of services.

### Is the service well-led?

**Inadequate** ●

The home was not well led.

Checks and audits had not identified risks to people in respect of on-going building works.

People and their families had not been involved in decisions about improvements to the home in terms of the timescales and extent of the works.

Action had not been undertaken when audits had identified that care plans were not up to date.

The governance systems did not ensure that provider was kept abreast of quality and safety issues.

There was a caring and kind culture which was demonstrated by the registered manager and staff. However the culture was paternalistic and was not following national guidance by supporting people to be as independent as possible.

# Heatherside House Care Centre

## **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 checked 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.

The focused inspection took place on 18 and 19 December 2017. The inspection was undertaken to see whether the provider was now meeting the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The first day of inspection was unannounced and carried out by one adult social care inspector. On the second day, the inspector returned having notified the registered manager of their intention to so.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with two care staff, one kitchen staff, as well as the registered manager.

We met most of the people living at Heatherside and spoke with two of them to ask their views about the service. We also spent time observing the care and support delivered. During the inspection we looked at three care records and medicine administration records; two staff records; records of meetings; audits and checks carried out in the home.

Prior to the inspection we spoke with one social care professional. After the inspection we spoke to two other social care professionals.

# Is the service well-led?

## Our findings

At the last inspection we identified the provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice in respect of the breach, which required the provider to be compliant with Regulation 17 by the 30 September 2017.

At this inspection, the provider still did not have effective systems in place to monitor the quality and safety of care and support people received. There was no quality and assurance policy in place. There were some quality assurance systems in place to monitor the quality and safety of the service being delivered and the running of the home. However these had not identified a number of issues.

There had been ongoing and extensive building and improvement work carried out at Heatherside for the last three years. These works included upgrading bedrooms so they were en-suite; re-siting and increasing the size of the laundry room, creating a larder and freezer room, as well as redeveloping and refurbishing a dining room. We had discussed with the registered manager and provider the impact of these ongoing works on people at the previous inspections in December 2015 and again in March 2017. During both the previous inspections, we had received assurances that the building works were due to be completed within a few months. However, at this inspection, the work was still ongoing and still causing very significant disruption to people living at the home. A social care professional commented "The building work is a real bugbear, it's been really difficult."

At the previous inspections we raised concerns because they did not have an ongoing safety and quality audit system to identify and address risks and issues related to the building work. They had said they would put a system in place so risk and issues were recorded as well as how these were to be managed.

We walked around the home with the registered manager to look at the quality and safety of the home particularly with respect to the ongoing building works. The tour of the building identified a number of issues which had not been risk assessed or had actions taken to reduce the risks. For example risk assessments had not been completed with regard to the building team using a fire exit on the side of the building.

After the inspection we wrote to the registered manager about a number of safety and quality issues that had been identified during the inspection. We received a response from the provider and registered manager, which described how they were addressing the issues and the timescales they were planning to be completed by.

The service did not have robust systems to monitor people's opinions or family opinions about the ongoing building work. The registered manager said they had asked people whether they were happy for the building work to occur and said no-one had objected recently. However, no assessment had been made to consider whether people had the capacity to comprehend when asked about the building works. The registered manager also said they monitored changes in people's presentation, for example, appearing more stressed.

However, there was no documentary evidence of any assessment of the impact on each person.

People, their families and professionals had not been involved in discussing the extent of, and the timescales for, the building work or whether they would prefer alternative arrangements. Two professionals commented that the ongoing building work had concerned them. One said "Most people don't have the capacity to understand what's going on...[Registered manager] picks up very quickly health issues and responds well." However they added that the home had "involved speech and language therapists or advocates" who could have assisted with helping people to make an informed decision about the works.

There had been an incident in June 2017, where one person had accessed the building works area. Although the registered manager had reviewed the incident and spoken to the builders about ensuring the door to the area was kept locked, there was no evidence about what other ways had been considered to reduce the risk to people from the building works.

Audits of the home and equipment were undertaken by a member of maintenance staff. An audit carried out two weeks prior to the inspection had not identified any unsatisfactory safety issues.

The audit had not identified that a bathroom with a toilet where a hand wash basin had no running hot or cold water. Other issues which had not been identified by the audit included a ripped hallway carpet, and a small laundry room which was small, cluttered and powered using an extension cable squashed by a door.

Scaffolding had been erected outside the house in preparation for repair and decoration to the outside. However, there was no assessment undertaken to review the risks to people from the scaffolding.

Although an audit had been undertaken of care plans, the audit had not resulted in the care plans being updated and amended to reflect the identified concerns. Care plans were not up to date and did not contain all the information needed to provide safe, high quality care. For example one person was at increased risk of falls, but this was not documented in their care plan. The registered manager said that where a change to a person's needs occurred, staff were informed through a communication book. The registered manager said staff initialled each entry to show they had read it. Some entries had not been initialled by all the staff in the home. The book was not audited by the registered manager to check that all staff had signed each entry. It was not always clear which entry staff had signed to say they had read.

The communication systems did not ensure that all staff were kept up to date with changes to people's care. For example, a GP had given advice about when staff should contact them regarding a person's blood sugar levels. We discussed with registered manager how new staff would know about the GP's instruction. The registered manager said new staff were expected to read the communication book. We asked how far back new staff were expected to read; The registered manager said they had not considered this and therefore did not have a definitive answer about it. The registered manager agreed this could mean older information in the communication book would not be picked up. This meant that new staff might not be aware of a change to a person's care, as the change was not recorded in the person's care plan.

The local authority quality assurance and improvement team (QAIT) had visited the home following the previous inspection to provide support in the development of quality assurance systems and a governance framework. The registered manager said they had found this very helpful. They showed us an audit of care records that they had asked staff to complete for each person. The audit had been done in September 2017 but actions had not been undertaken to address the issues identified. The registered manager said they had not taken any action to make this an ongoing, regular process or taken action to address all the issues identified in the audit.

QAIT staff had also provided audit tools for the registered manager; one to be completed on a monthly basis and another to be completed on a six monthly basis. These quality assurance audit tools were supposed to monitor aspects of care delivery, including documentation, medicines administration, how care and support was delivered, general management including policies and plans, safe working practices, staffing, training, premises and equipment checks. However both these tools had only been completed once. The audits had not identified issues such as staff training not having been completed by all staff. For example the audit had not identified there were four staff who had not completed safeguarding adult training and five staff who had not completed refresher safeguarding training for more than three years.

Staff had had supervision meetings between May and September 2017 but no supervisions had taken place since September 2017. Staff did say they were able to discuss issues with the registered manager if they needed to as the registered manager was very accessible most weekdays.

Audits of staff records had not identified that the records did not contain all the necessary information. For example, one member of staff had started working prior to the Disclosure Barring Service check being received. There was no risk assessment undertaken to assess the risk of this. A new member of staff had said they had a qualification in care which they had achieved prior to joining the home. However there was no copy of the certificate in the folder, although the registered manager said they had seen it. The registered manager had not retained notes from the interviews so there was no written information about gaps in a candidate's employment history.

A member of senior staff from the provider organisation, who was the nominated individual, visited the home every month. The registered manager said that during this visit they met and talked with people and staff, as well as checking on the quality and safety of the home. The registered manager said they did not receive any written feedback about the visit. They said other senior staff also visited the home each month and they met with them away from the home each week to discuss any issues they had. The registered manager said they kept a book of discussions with the nominated individual. However the entries in the book were very brief and did not show how the quality and safety of the home was being assured by senior staff. Other directors also visited the home regularly. However, the records kept of the visits did not describe how they considered or addressed quality monitoring.

The registered manager said they had not shared the audit information with the senior staff from the provider organisation. They also said they did not produce any information such as the number of incidents and accidents; staff training or recruitment issues to enable the provider's senior staff to have assurance of the quality and safety of the home.

The registered manager was unaware of the latest national guidance relating to support for people with learning disabilities. For example we discussed with them whether they were aware of the Care Quality Commission guidance on registering the right support. They said they were not, although they said they would look at this and discuss it with the provider.

Although there was a kind and caring culture in the home, the approach was not very person-centred and did not adequately support people using the most up-to-date guidance. People were not supported to increase their independence; rather there was a paternalistic approach to providing care. A social care professional commented "There is a good variety of activities, but the home is quite set in its ways...they need to consider how to work with people to set achievable goals to support them being independent rather than having things done for them." Another professional commented "People are not supported to be independent... they need to be more proactive, though they do have people's best interests at heart."



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

There were robust systems for monitoring the safety in the kitchen. Records showed that temperature and cleanliness checks were carried out and action taken to maintain a clean and hygienic environment. People's weight was monitored each month and action was taken to identify ways to support people to maintain a healthy weight.

There were systems in place to monitor the administration, storage and stock control of medicines in the home. A recent audit by the dispensing pharmacist had identified that the medicines policy required updating. The registered manager said they were in the process of completing this action.

The registered manager worked alongside staff and knew people and staff very well. People and staff were all positive about the registered manager and described how they worked together as a team. They demonstrated by their attitude and behaviour, a positive and supportive approach. The registered manager was very committed to supporting people to enjoy living at Heatherside and be able to get involved with the local community as much as possible. Staff also showed a similar, very positive attitude to people. People clearly knew the registered manager and staff, and felt comfortable with them. The registered manager had an 'open door' policy. People were observed coming in and chatting to the registered manager. For example, one person asked the registered manager to wrap some Christmas presents they had bought for family members. The registered manager stopped what they were doing and wrapped the presents, supporting the person to sign their name on the gift tags.

People who used the service had meetings where they discussed the home and how it was run. This included discussing things they wanted to do, menus and special occasions such as Christmas.

Staff meetings were held on a regular basis. This provided staff with an opportunity to discuss their work and make suggestions for improvement.

The registered manager and staff worked in partnership with other agencies to support people's health and social care needs. For example, during the inspection, staff contacted the local GP who visited the home subsequently. The registered manager also contacted and liaised with local authority care managers and health professionals to ensure they were kept up to date and involved with people's care. A professional commented "Their relationship with the GP is second to none. [Registered manager] picks up very quickly on health issues and responds well." They also added that the registered manager was "very accommodating" when local authority staff wanted to place people in the home.