Hastings and Rother Voluntary Association for the Blind

Healey House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Healey House provides accommodation and personal care for up to 28 older people. Healey House is owned by the Hastings and Rother Voluntary Association for the Blind. A number of people living at the home have a visual impairment, and some required support for a range of other health care needs.

There were 22 people living at the home at the time of our inspection. Including four people staying for a period of respite care, one of whom was in hospital at the time of the inspection

Healey House was inspected in February 2015. A number of breaches were identified and it was rated as requires improvement overall, with one area identified as inadequate. We asked the provider to make improvements to ensure that care and treatment was provided in a safe way. The provider sent us an action plan stating they would have addressed all of these concerns by July 2015. At this inspection we found that although some improvements had been made, further work was needed to embed and ensure safe and good practice in all areas. Records needed to be improved to ensure people received safe and appropriate care at all times. Good governance systems were not in place to support the day to day running of the service and ensure safe standards were met and maintained at all times. In the absence of a registered manager the provider had not maintained an oversight of the service by continuing good governance to identify areas of improvement. This is a repeated breech of regulation. Some further breeches of regulation were also found during this inspection.

At the time of the inspection there was an acting manager at Healey House. The acting manager had commenced their application to registered with CQC and this was in progress.

Medicines systems needed to be monitored to ensure safe standards were met and maintained. New staff were not receiving a formal induction to ensure they were supported and appropriately confident and competent to work unsupervised. Effective systems and processes were not in place to show how the provider assessed and monitored the quality of service provided.

Some areas of documentation had not been completed or maintained to ensure accurate contemporaneous records were in place to underpin safe care and support for people at all times.

Training records were not clear and some online training had fallen behind. Staff demonstrated knowledge and understanding of people's needs however this needed to be backed up with regular training and updates to ensure knowledge up to date and in accordance with current guidelines.

A complaints procedure was in place. However the complaints policy needed to be reviewed to ensure all information and contact details were correct.

Staff knew people well and were able to tell us about their needs and preferences however, this was not supported by up to date relevant documentation. Not all areas of risk had been appropriately assessed to

ensure people were safe when they left the home or self-medicated their medicines.

Staff told us they thought there were enough staff to provide care, people and visitors agreed that staff were always available to help them and they felt staffing levels were appropriate.

Mental capacity assessments took place and changes to people's mental health were responded to. Staff demonstrated an understanding around MCA and DoLS.

A clear system for the maintenance of equipment and services was in place. With a monthly programme to show what needed to take place each month. Fire safety had been improved, with each person having an up to date personal emergency evacuation plan (PEEPS) in place in the event of an emergency evacuation.

People were complimentary about the meals provided and told us the food was of a high standard. Kitchen staff were aware of people's dietary needs for example diabetic or fortified meals. Choices were offered and alternatives available if people changed their minds.

Activities were provided and people told us they enjoyed socialising at the day centre and the recent trips out that had been organised. People told us they had access to talking books, speaking clocks and other aids to assist them due to their visual impairment.

The rating for this provider in well-led is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

We found a number of breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff recruitment processes needed to be improved to ensure relevant information is completed and past employment gaps are explored.

Medicine practices need to be improved to ensure safe practices are followed at all times.

Staff awareness and confidence around recognising and reporting abuse needed to be improved.

Environmental risk had not been identified to ensure people remained safe.

Equipment had been maintained and fire safety checks completed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There was no structured induction programme in place to support new staff. No system was in place to assess staff competencies before staff worked unsupervised.

Staff supervision had fallen behind schedule.

People's involvement in care plans and information to show who had been involved in decisions needed to be improved.

There was a choice of meals provided. Staff were aware of people's dietary likes, dislikes and preferences. People were complimentary about the meals.

Is the service caring?

Good

The service was caring

Staff knew people well and responded calmly when people became anxious or upset.

People received care in a way that supported their dignity and maintained their privacy.

Care records were kept securely in the staff office.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People staying at Healey House for a period of respite care did not have information in place regarding their care and welfare needs.

Complaints information needed to be updated.

Activities were available and people were encouraged and supported to attend and trips out had been organised for people.

Is the service well-led?

Inadequate

Healey House was not well led.

The registered provider had not identified a number of areas which had not met regulatory requirements.

Records were not in place to underpin appropriate levels of care for people and support for staff.

Good governance had not been maintained to ensure that the service had continued to be well run in the absence of a registered manager.

Healey House did not have a robust system in place to continually assess and monitor the quality of service provided.

Some areas identified in the last inspection had not been addressed by the provider.

An acting manager was working at the service and had started the application process to register with CQC.

Healey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection team consisted of one inspector and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection which took place on 30 June and 1 July 2016 was unannounced.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports and any other information that has been shared with us by the local authority and quality monitoring.

Most people living at Healey House were able to tell us about their experiences of living at the home. When people were unable to talk to us we carried out observations in communal areas and spoke to relatives and visitors to gain feedback about the service.

We case tracked four people; including people staying at Healey House for a period of respite care, this is where we look at all aspects of the care provided and how this is documented. We also looked at a further two peoples documentation in relation to specific health needs, risk assessments and associated daily records and charts.

All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting information, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training and supervision.

We spoke with 11 people using the service and three relatives who were visiting during the inspection. We spoke with eight staff; this included the nominated individual, acting manager, care, kitchen, laundry and maintenance staff who were all involved in the day to day running of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Healey House. We were told, "I feel safe because staff are always around," And, "I feel safe because I can look after myself, I can get around safely with my zimmer." Relatives also felt people were safe and staff were "Excellent.". When people's needs changed relatives felt that staff responded to this to ensure people were kept safe. When one person was thought to be at risk of falling, a sensor mat had been put in place to alert staff when they moved around their room. Everyone spoke highly of the day to day care and support they received.

At our inspection in February 2015, we found that people's health safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found that staff were unclear about how to recognise report and respond appropriately to allegations of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by July 2015. We found that whilst improvements had been made and the provider was meeting the requirements of Regulation 13, we found a new breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines.

At this inspection we found policies and procedures were in place to support the administration and management of medicines, however systems needed to be improved. People who were self-administering their medicines did not have appropriate risk assessments in place to show this had been assessed and reviewed. One person who had a diagnosed memory loss was self-administering an inhaler. Although it is important to help people maintain their independence it is essential that risks are assessed to determine whether or not this is appropriate particularly in relation to medicines. It is important that staff review whether medicines are being taken safely and effectively to maintain people's health.

When medicines had been hand written onto Medicine Administration Records (MAR) charts, for example when someone moved into Healey House for a period of respite care, these had not consistently been signed by two members of staff. This system is in place to ensure the correct documentation of medicines and dosage to prevent errors when giving people their medicines. We saw that this issue had been raised at previous staff meetings and was included in the medicines policy as safe practice. This meant that people were at risk of receiving medicines in an unsafe manner. Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. However, when PRN medicines had been given staff had not completed the rear of the MAR chart to show the dose and reason for this. This is particularly relevant when a medicine, for example, Paracetamol is prescribed for general aches and pains as it identifies if a person has a new medical concern which may need to be reported to the GP.

The above issues in relation to medicines are a new identified area of breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Risk assessments had been implemented for diagnosed health conditions. People with diabetes had information in place to inform staff how to provide care, signs and symptoms to identify if someone became unwell and actions to take. Further improvements were needed to ensure that all identified risks to people in relation to their care needs were completed and that this information corresponded to other areas of care. For example a detailed risk assessment was in place for one person's diabetes, however no mention of this had been included on their nutrition care plan with regards to the fact that their diabetes meant they required a low sugar diet. This information however had been shared with kitchen staff who were aware that this person was diabetic. This meant that the impact was reduced, however information should be reviewed to ensure that this is clear for staff. This was an area that needed to continue to improve to ensure changes became fully embedded into practice.

A safeguarding policy was available, however this was lengthy and did not give clear straightforward guidance to inform staff. We discussed this with the provider and acting manager who assured us they would access information directly from ASC to ensure staff had up to date information. staff were aware to report concerns to the acting manager, however not all staff spoken with were able to tell us what other measures they could take to report concerns directly if the acting manager could not be contacted. On prompting staff were aware of Adult Social Care (ASC), and the contact details were available in the staff area. One senior carer was very confident and clear about the different types of abuse and the appropriate actions to take if needed. However, some staff lacked confidence when questioned regarding safeguarding. The acting manager did locate the Local Authority Multi-agency Policy, however staff had not been aware where this was located. Although improvements had taken place this needed time to become fully embedded into practice. Continued improvements were needed to ensure staff confidence was improved and that information and systems were clearly available.

Improvements had taken place to show learning after incidents occurred. Safety equipment including sensor mats had been put in place to help prevent falls when appropriate, and falls risk assessments had been completed. The acting manager told us they were informed of all incidents and this information was collated and added to monthly analysis to identify any trends or themes.

Healey House had designated maintenance employees responsible for the overall maintenance of equipment and services for the home. A new system had been implemented to give an overview of checks and maintenance required each month and who was responsible for carrying this out. Equipment and services were well maintained and checked regularly. This included water checks, legionella and fire safety. A fire risk assessment was in place and previous actions had been addressed with one outstanding area which was in the process of being reviewed as this had been identified as possibly requiring planning permission. Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS) which were stored on each floor of the building. PEEPS include individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. Evacuation equipment was located around the building to aid evacuation. Fire alarm practices were being completed; this had included both day and night staff. Staff training had been commenced. However not all staff had evidence to show they had attended fire safety training since starting work at Healey House. The acting manager and provider assured us this would be completed promptly to ensure all staff had attended.

Recruitment systems needed to be improved to ensure they were robust. The staff file for a member of care staff who had left and then returned within a few weeks contained no information to show this had

happened. All information in their file related to their previous employment and there was no documentation to show that conversations or checks had taken place regarding the time the person had not been employed. There was no updated contract of employment and no additional checks had taken place to assure the provider they were safe to be employed. We discussed this with the acting manager who told us they would address this immediately and had been unaware of the need to update this due to the short timescale the person had not worked at the home. This was an area that needed to be improved. Other staff files included relevant recruitment information. A newly employed carer who had been working at Healey House since May 2016 had appropriate checks completed, this included identification, references and a transferable disclosure and barring service (DBS) check. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment however we found that gaps in employment history had not been documented to show they had been discussed. The provider and acting manager were able to tell us the reasons for this gap and assured us this would be updated.

Staff felt there were enough staff to ensure they were able to meet people's needs. Telling us, "We are allocated who we are looking after, but we are still here for everyone." We saw that although some people were independently mobile others required assistance to mobilise and this was provided promptly. When people needed assistance at meal times staff were available to support them. Relatives told us there was always someone available to help or to speak to if needed. There was an admin assistant whose desk was in the main reception and the nominated individual had an office on the ground floor. People were greeted when they arrived at the home and staff were seen supporting people appropriately throughout the inspection. At night time people told us they could use their bell to alert staff if they needed help or assistance to go to the bathroom. Telling us, "The staff are always around and are very kind, you can press your bell and they come quite quickly."

We observed medicines being administered and saw that this was done following best practice procedures. People were asked if they required any additional PRN medicines and staff watched to ensure people took their medicines before signing the MAR chart. Medicines were labelled, dated on opening and stored tidily within the trolley. Temperatures were monitored daily to ensure they remained within safe levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures.

Requires Improvement

Is the service effective?

Our findings

People told us they thought there were enough staff to meet their needs and staff knew them well and their preferences. One person told us, "Staff are always around and are very kind, you just have to ring your bell and they will get to you as quickly as they can." Relatives told us staff were always available and people felt they were able to receive support when they wanted it.

At the previous inspection we identified gaps in staff knowledge in relation to changes in people's health. And staff understanding around specific health issues, including diabetes. The provider sent us an action plan stating this would be in place by July 2015. At this inspection we found that staff demonstrated an understanding of diabetes and how this may affect a person's day to day health. Staff were able to tell us actions they would take if a person became unwell, and we saw that staff had called peoples GPs when they had identified a change in behaviour or when they became aware that someone was feeling unwell. Despite this area of breech having been addressed we identified a further area of concern in relation to staffing.

New staff including the acting manager had not had a structured induction. An induction checklist was completed to ensure that relevant checks and documentation had been received. However this had not included any information to show how new starters were supported and trained during a period of induction. It was unclear what process was in place for new care staff to allow for a period of supernumery working whilst shadowing a permanent staff member and no competencies or reviews had taken place. A new member of care staff were seen to be working during the inspection. They told us they felt confident as they had worked in care previously and if they had any concerns they asked the manager or another member of the team. However the lack of a formal induction programme meant it was unclear how the provider had ensured that all new staff were confident and competent to work unsupervised.

The above issues in relation to induction, support, training and supervision for new staff are a new identified area of breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and that they could speak to the acting manager or provider if they needed to discuss anything. We saw that a programme had been commenced to provide staff with one to one supervision, however, this had fallen behind schedule. The acting manager told us they had delegated this task to senior care staff. It was clear that this schedule was running behind but staff felt that supervision would be bought forward or arranged if they felt they needed it or requested it. The acting manager was clear if a concern arose then a supervision would take place to discuss this.

Staff told they felt that they received the training they needed. Telling us, "The sight awareness training was really good and helped give us a better understand people's needs." And, "We do the training online mostly it's good to do as it keeps you up to date." The provider and acting manager told us there had been some issues with logging into the current training on line and this was in the process of being sorted. A 'push' would then take place to inform staff to complete the training promptly and ensure staff completed all required training.

Staff know people's preferences well, one lady liked to get up late and have breakfast in the dining room on their own, Staff told us this person ate slowly and liked to be left and given time to eat their meals by themself. We saw that staff regularly stopped to offer support and check that the person had everything they needed but allowed them to eat at their own pace.

A mental health assessment tool was used to identify any concerns in relation to people's mental health, capacity and understanding. A mental health care plan was seen in care files. This included information to remind staff that it was important that people felt involved and supported to make decisions to enable people to maintain control of their life, and make necessary decisions. However, it was not clear how people had been involved in the care plans when they were written or reviewed. Staff told us they read care information to people if they were unable to read it, but people we spoke with told us they did not remember this happening. This needed to be improved to show how people, their NoK or others responsible for decision making had been involved.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The service was meeting the requirements of Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly. MCA had been completed regarding specific risks or when people's mental health needs had increased and referrals to community mental health teams had been done if a person's mental health needs had changed. Many people were independent and able to go out alone or with friends and there were no current DoLS applications in place.

We observed people being asked for their consent before care and assistance was provided. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and if necessary sought advice from the acting manager. We saw that staff were very perceptive, picking up quickly when people were unhappy, anxious or did not feel well.

People enjoyed the meals provided and told us the food was, "Excellent." And, The food is good, it's colourful, fresh and well presented." People were able to eat at times that suited them. We saw that one person liked to get up late and had breakfast late in the morning. Breakfast items were available for people to help themselves or staff were provided assistance if needed. There was a menu plan in place and the chef spoke to people each day to get their menu choices. People could choose to eat their meal in the dining room on the lower floor, or to eat in their room or other communal areas. People had access to equipment and cutlery designed to help people to eat independently. For people who had a visual impairment staff ensured they were suitably supported with verbal guidance given in the form of a clock face to let people know where food was on their plate. For example, "Your meat is at 6 o' clock, your mash at 10'clock and veg at half past." Meal times were lively and sociable. Meals looked appetising and people gave good feedback after they had finished eating.

People were offered a choice of meals, with alternatives available. Biscuits and cakes were provided with hot and cold drinks throughout the day. We spoke to the chef who had information regarding people's specific dietary requirements including allergies, diabetic meal requirements and people who had fortified meals and drinks or pureed meals. The chef told us that they provided a variety of meal choices for people and if people changed their minds at the last minute an alternative would be offered. Peoples weights were taken monthly, and any concerns or changes discussed with the acting manager and reported to peoples GP if needed.

Good

Is the service caring?

Our findings

People told us they found the staff to be very kind and caring. Relatives told us, "This is a home from home for people." And, "Staff know you when you visit, they always stop to talk to you and tell you about (name of person) they know what's been going on, and keep you up to date." Another visitor told us, "I am very happy with everything."

Staff were able to tell us about people and how they liked their care provided. Staff knew people's care and support needs and told us that they discussed changes to people health during daily handovers.

We saw staff offer support and assistance to people throughout the day. This was done with patience and in a kind and considerate way. People were orientated to the time and staff were seen to tell people who was in the room when people entered. This meant that people with a visual impairment were aware of their surroundings. Staff in the communal areas stopped to speak to people and engaged them in conversations about what was happening that day. We also saw staff remind people to be careful when walking in the corridor and assisting people when they wished to walk up or down the stairs, making sure there were no obstacles and informing them if someone was coming in the other direction. People were familiar with the staff who greeted them by name and responded positively. The overall atmosphere was relaxed and pleasant. People were able to get the attention of staff easily in communal areas and were supported to do what they chose and were reminded of activities taking place and of what was happening that day.

People received care which ensured their dignity was maintained and supported at all times and staff had a good knowledge on how to provide care taking into consideration people's personal preferences. Telling us, "We had sight awareness training which is really good it makes you think." Staff told us they had learnt that it was important to introduce yourself to people and not to walk up behind them as this may make them jump. It was also important to encourage people to remain independent for example with their meals. We saw that when a person had spilt food down their clothing staff politely and quietly asked them if they would like some help to change.

People received care in a kind and compassionate way. Staff had a good knowledge on how to provide care taking into consideration people's personal preferences. People were supported to wear clothing of their choice and we saw that women had handbags close by and were supported to wear jewellery if they wished to. Staff always knocked before entering people's rooms. When staff were assisting people their room doors were closed. People told us they found staff were approachable and kind. We saw one person became agitated and upset regarding an appointment they wanted to discuss. Staff spoke calmly to this person offering practical solutions and advice. When the outcome could not be changed in the way the person wanted they became upset. Staff remained patient and explained that the appointment could not be changed and tried to distract the person to prevent the situation escalating any further.

One person living at Healey House had their dog living with them. We saw that a care plan and risk assessment was in place including the risks associated with having a stair gate on the bedroom door to keep the dog in the bedroom at night so that it did not disturb others who wished to keep their doors open. We

saw that discussion had taken place with the owner and they had agreed that the responsibility for the dogs care remained with them. However, staff told us they assisted when needed. Other people told us they enjoyed having a pet in the building as it reminded them of home.

People's records were kept confidential. Daily records and other information was kept in named folders. Care documentation was kept safely and securely in the staff office.

Requires Improvement

Is the service responsive?

Our findings

People told us that they felt that staff were aware of their preferences and always kept them informed, for example, people were told throughout the day what activities were going to take place so that they could attend if they wished. Relatives told us that they were always told when their loved one had been unwell or if there were any changes they should be notified about. Relatives felt that staff responded to their requests and acted promptly when asked to do something.

Despite this positive feedback we found that the service was not always responsive. The acting manager had implemented some positive changes since they had began working at Healey House. The care plan format had been updated, the development and implementation of this had taken some time and it was clear that the acting manager had focussed on specific areas of improvement. However, there was still some way to go to ensure that all areas of documentation were of the same standard.

Although changes to peoples care was fed back to staff and their relatives changes were not always updated promptly in care documentation. For example when people had a catheter, information was not in place to inform staff how to provide appropriate care or any details regarding what staff should be doing or whether or not the person was self-caring. Staff were able to tell us that this person knew when they needed assistance and would alert staff at this time, therefore the impact was reduced. However this was an area that needed to be improved.

A complaints policy was available we saw that some of the contact information was out of date. We spoke to the acting manager who informed us this would be updated with correct information on how to raise a concern clearly recorded and displayed. People we spoke with told us they would not hesitate to raise a concern if they had one, and would feel comfortable talking to any of the staff or manager if needed. One told us, "the senior carer knows everything about me and she would help. I would tell her if I was unhappy." There had been one recorded complaint in June 2016. We saw that a letter had been sent in response to this with details of the actions taken in response to the complaint. It was not recorded if this had been concluded although the acting manager thought that it had. This needed to be recorded to show the process had been completed. The acting manager told us they would ensure this information was added immediately.

An allocation folder was completed each shift. This informed staff who they would be assisting with care that day. A handover sheet was used to pass on information and remind staff of care needs for people. An appointments diary was also used to remind staff when appointments or visits were scheduled.

We saw that information had been included in care files to remind staff that it was important not to move furniture or items in people's rooms. This was to ensure people with a visual impairment were able to move independently around their own personal space and to avoid trips and falls.

Activities were predominantly provided at the adjoining day centre run by the charity. However other activities were organised by the home for example music and trips out. This had included a recent trip out to

a restaurant for fish and chips. People who did not want to go on the trip had fish and chips bought in from a restaurant so that they did not miss out. A recent trip out to a night of opera had also taken place and people who attended told us they had enjoyed this. People told us that they like attending the day centre and it was one of the reasons they had chosen to live at Healey House. Telling us, "It means you get to mix with people who don't live in the home; it's a nice way of meeting new people and making new friends." Most people chose to attend activities at the day centre each week. Others went out regularly alone or with friends. A church service was also held each month. One person told us they chose not to attend activities in the day centre as they had visitors and friends from the church came to visit them to pray with them. We saw that people attending activities seemed to enjoy the games and singing which were taking place. A relative told us that their loved one was encouraged to attend activities and that they worked hard to prevent people becoming isolated or lonely in their rooms. People told us they had access to talking books, speaking clocks and other aids to assist them due to their visual impairment.

Inadequate

Is the service well-led?

Our findings

At the last inspection on 17 and 18 February 2015 we asked the provider to make improvements as we identified some areas which were not always consistently well led. The quality assurance framework in place was not fully effective. We also found processes to ensure appropriate management of people's nutrition had not been maintained. An action plan was submitted by the provider which detailed how they would meet the legal requirements by July 2015. At this inspection we found that although staff were aware how to meet peoples nutritional needs, further improvements were needed to ensure clear nutritional guidance were in place. Records had not been maintained to an appropriate level and quality assurance systems were still not robust.

At the time of the inspection the acting manager had been working at Healey House since January 2016. They had recently commenced their application with CQC to become registered manager, and this was in progress at the time of writing the report.

At this inspection we found staff placed emphasis on information sharing by word of mouth, via the communication book or during handover at the beginning of each shift. One person was staying at Healey House for a period of respite care. This person stayed regularly for periods of respite and staff told us they knew them well. This person had been assessed by Speech and Language Therapy (SALT) prior to their stay and had been prescribed a thickener which needed to be added to their fluids due to diagnosed problems with their swallowing. A letter from SALT was found in an envelope within the care folder. The acting manager told us they had used this to inform staff verbally around how to provide thickened fluids for this person and this had been discussed during handover at the end of shifts. Staff on duty were able to tell us this information. However no information had been documented to ensure staff had access to the correct written guidance, this is particularly important to support new staff and who may need guidance around people's nutritional needs.

Effective systems and processes were not in place to assess and monitor the service. This meant that the registered provider had not identified a number of areas which had not met regulatory requirements. Current auditing systems had not identified issues in relation to accidents and incidents, risk assessments and other relevant key care information not being in place in people's care files.

Some individual risks were documented for example falls and diabetes. However, we found that risks to people in relation to the environment and going out on trips or alone had not been appropriately risk assessed to identify potential risks associated with people's visual impairments, care and support needs. The acting manager told us that previously trips had been arranged by the adjoining day centre which was jointly run by the charity and the day centre would have carried out risk assessments. Over previous weeks two trips had taken place which had been arranged by the acting manager. They were able to tell us the steps they had taken to assess the trip, including number of staff and volunteers required and safe parking, access to toilets for example. However no documentation around this had been completed to evidence this risk assessing and ensure all concerns identified had been discussed and addressed. This meant that potentially people may have been at risk.

Incomplete documentation of accidents and incidents had not been identified during quality assurance audits. Falls, accidents and incidents were being documented within the care folder, however, the process had not always been fully documented. We found that daily records did not always correspond with accident forms and the information included on some forms was limited. Information was located in files regarding external health professional contacted however, it was not easy to get a clear picture of events and actions taken. We discussed this with the acting manager and provider who told us they would take this forward immediately. Staff were able to tell us about accidents and the actions taken but we found that accident forms were not always signed and dated by staff. Some information was very brief, and it was not always completed on the accident form to show what actions had been taken. Staff told us that people's GPs were called after falls and we saw in some files that paramedics and other health professionals had been contacted. However this information was not consistently recorded. Body maps were in place for some accidents and injuries but these were not always fully completed. Details of bruising and injuries were not detailed to ensure a clear picture of the size and location of the injury. Documentation did not give clear guidance around when referrals to the local authority or CQC were required or had taken place.

The lack of a robust quality assurance meant that the provider had not identified a lack of information completed in files for people who were staying at Healey House for a period of respite care. When people moved to Healey House for a period of respite person centred care plans had not been implemented. However all the people currently at Healey House for respite were known to the staff and staff were able to tell us about their needs and the care and assistance they required. We spoke to one person staying at Healey House for respite care who told us, "I don't need much help, but staff know me and are there if I need them." It was clear from talking to staff and the acting manager that there was a reliance on verbal information sharing and the handing over of information at the end of each shift. This was an area that needed to be improved. The organisations policy for respite was clear and informed staff of the correct procedures to follow when people were admitted for a period of respite. This included full pre admission assessment of need and risk assessments to be completed this included risk assessments for people who wished to continue to be in charge of their own medicines.

There were four people currently at Healey House for respite care. One of these was currently in hospital. We looked at the remaining three files. This information had not been completed in the files seen. This meant that people may not receive person centred care if staff do not have access to background information about people. We found three care files for people staying for a period of respite contained very minimal documented information to detail how staff should respond to peoples care needs, or any actions to take. Pre admission assessments had not been updated when people returned to Healey House for a return stay. And some information had not been completed at all to identify any new issues, or changes to care needs. One person who had stayed at Healey House for a number of separate periods of respite care had recently experienced a change to their emotional needs. Although staff were aware of this change and we saw this had been discussed during handover, this had not been added to the care file. We found that although staff were aware of people needs, records had not been maintained to the required standard. We found a short stay care plan in one file; however no information had been completed on this.

Documentation around people's pressure area care did not include information to show that pressure mattress setting checks took place regularly. It is important mattresses when in use are set correctly to the person's weight. Although staff told us they looked at this it was not clear whose responsibility it was and this information was not documented. The acting manager told us that this daily check would be added to documentation to ensure it was carried out.

Medicines were not being regularly audited to ensure safe systems had been maintained. The only documented monitoring of medicine practices had been an external pharmacy audit which takes place

annually. This meant that errors and omissions were not being identified promptly and appropriate steps taken in relation to these.

There was no clear induction and support plan in place to ensure the acting manager had the appropriate support, understanding, knowledge and guidance in place to carry out their role effectively. The lack of robust quality assurance in place meant that the registered provider had not identified a number of gaps and omissions to the records in relation to peoples care, staffing and risk. The provider had not ensured that training information had not been kept up to date. However by speaking to staff and carrying out observations we found that staff were aware of people's health and care needs. The acting manager and provider told us that some staff had fallen behind with their on line training. However this had not been addressed by the provider in a timely manner to ensure all staff were aware of their responsibilities to attend and complete training to ensure all staff were appropriately trained to provide care.

The provider and acting manager were not aware of the current CQC Guidance for Providers on Meeting Regulations which had applied since 1 April 2015. The registered provider and acting manager did not demonstrate an understanding around changes to regulation requirements. For example, they were not aware of 'duty of candour'. Duty of Candour is a regulation that all providers must adhere to. The intention of the regulation is to ensure that providers are open and transparent and sets out specific guidelines providers must follow if things go wrong. The acting manager downloaded and printed this prior to the end of the inspection.

Throughout the inspection, the registered provider, acting manager and staff were open to different ideas when we raised matters. Their responses showed they were keen to develop the service, so they could meet people's needs safely and effectively. However this was reactive rather than proactive and a number of concerns found during inspection had not been identified by the registered provider.

The above concerns meant that the provider had not ensured that records were complete to mitigate the risk to the health, safety and welfare of people living at Healey House. The failure to provide appropriate systems or processes to assess, monitor and improve quality and safety of services were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meetings had taken place to gain feedback from people. The last residents meeting minutes were dated June 2016. The acting manager told us these took place approximately every two months. These were generally followed by a staff meeting to enable any concerns identified to be passed on to staff for actioning if needed. We saw that the last minutes included a reminder to staff to ensure that they completed their training on line if it was outstanding.

A quarterly service users satisfaction survey had also been completed in April 2016, the findings of this was collaborated and fed back to people and would be included in future meetings. We saw one comment related to the heat of food and this had been discussed with the chef.

Other environmental audits were completed by the maintenance employees, these included maintenance of equipment and servicing. We saw that this was clearly recorded on a computer programme used by the maintenance staff.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe medicine practices had not been maintained Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure an induction programme and regular reviews of competency and training were in place to prepare new staff for their role. Regulation 18(2)(a)

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	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate systems and processes were not in place to assess, monitor and improve the quality and safety of services. Records were not complete and contemporaneous. Regulation 17 (1)(2)(a)(b)(c)(f)

The enforcement action we took:

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