

Anchor Hanover Group

Heather Vale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heather Vale is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

Accommodation is provided over two floors, in one adapted building. Each floor has two separate wings, each providing individual bedroom and communal living facilities, such as dining rooms, kitchenette areas and specialist bathing facilities.

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

Auditing systems were not always effective or used to drive improvement in the quality and safety of the service provided. Medicine errors had not been identified or consistently addressed. Care plans did not always contain all the required information or risk assessments in line with people's long-term conditions. This meant we could not be assured people would receive the care they required for their current needs.

The registered manager and deputy offered support to staff and had an open approach with relatives. However, overarching governance was not in place to ensure ongoing improvements were coordinated and maintained.

Infection, prevention and control was managed well, and guidance followed in line with COVID 19. Point of care hand washing facilities were not always accessible and this was addressed immediately after the inspection.

There were sufficient staff who had been recruited safely. Staff showed kindness and compassion in meeting people's needs. Consideration was given to people's daily choices and the decoration of their own space.

People were protected from the risk of harm and when concerns had been raised, these were investigated. Lessons had been learnt from these events. Surveys had been used to obtain people's views and these showed positive outcomes.

The staff worked well with health and social care professionals in meeting peoples ongoing health needs.

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

Rating at last inspection

The last rating for this service was Good (published 21 November 2019)

Why we inspected

We received concerns in relation to people's care, medicine and management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from Good to Requires Improvement. This is based on the findings at this inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heather Vale 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 Regulation 12 (safe care and treatment) and Regulation 17 (Good Governance).

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heather Vale

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.

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

Inspection team

The inspection was completed by three inspectors. One of the inspectors focused on medicines as they were a medicine inspector.

Service and service type

Care home name 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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 spoke with the local authority and reviewed information we held about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the housekeeper, maintenance person, deputy and registered manager. We spoke with a health care professional whilst on site.

We observed the care people received and reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management, Using medicines safely

- Risks to people were not always in place to fully mitigate or manage risk effectively in order to keep people safe.
- Evacuation plans for new admissions had not been completed on admission to the home and completed evacuation plans had not always been reviewed when changes occurred which could impact on the support the person required in an emergency.
- Bath and shower records for some people noted they had less opportunities or longer periods between receiving this support. This meant we could not be assured people received consistent care in this area.
- Some areas of the medicines were not managed well. Protocols were not always in place for 'as required' medicine. This increased the risk of error or people not getting their medicines when required for pain or anxiety.
- Medicines were not always stored at the required temperature, we found reoccurring errors with the fridge temperature which had not been noted or addressed. Storing medicine at the wrong temperature can affect the integrity of the medicine.

We found concerns in relation to medicines management and managing risks consistently. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of the management of medicine administration were managed well. Time specific medicine was clearly recorded, pain patches were monitored, and the application site rotated. Stock balances were all correct and the front sheet in relation to each person's medicine record was detailed with photographs and all-important details.
- Health and safety in relation to the environment was maintained and a maintenance person was on site to provide the required checks.

Preventing and controlling infection

- Risk to prevention of infection were overall managed well. However, we identified the provider had not ensure hand washing facilities were available at point of care. This was in relation to providing pump soap, paper towels and a foot operated bin in all ensuite bathrooms.

The provider responded immediately after the inspection. They confirmed the ordering of the required items and agreed the date for installation.

- Other areas of infection, prevention and control were in place.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There was sufficient staff to meet the needs of the people using the service.
- Staff we spoke with felt assured by the level of staff, one said, "We are allocated a corridor, but you are never on your own, you can always ask for support." Another staff member said, "There is enough staff, we are a really good team here and pull together."
- Relatives we spoke with and our observations reflected on the kind and compassionate staff group. One relative said, "Staff are lovely, and I have met a few. They support [name] to make calls to me and keep me informed of any changes."
- Staff had received a range of training for their care role. Some additional training had been shared with us, 'Zest' a physical activity-based training to promote 'life, energy and fun to individuals'. We saw staff who had received this training delivering a session which people enjoyed and engaged with. This shows a holistic approach to training in offering additional skills which will benefit people using the service.
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding was managed to protect people from harm. We saw staff had received training in safeguarding.
- When required referrals had been made to the relevant local authority and full investigations had been completed.
- Lessons had been learnt from the safeguards and shared with the staff team. Changes in paperwork had been made to tighten up on processes.
- Other lessons had been learnt in relation to falls. We saw how measures had been put in place to reduce the risk of falls reoccurring. A combination of using sensory equipment and referrals to other health care professionals for advice was used.

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 Requires Improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last two inspections this domain was been rated as Requires Improvement, on both occasions relating to inconsistent systems to continuously monitor, sustain or improve the quality and safety of people's care. At this inspection we continued to have concerns in this area.
- Auditing systems were not always effective or used to drive improvement in the quality and safety of the service provided.
- The medicine audit had not identified the areas of concern we saw on inspection in relation to as required medicine protocols and the storage of medicines. Effective measures had not consistently been implemented to address the continued medicine errors.
- Falls records had not always been completed in line with your "Falls management protocol". This state following a fall, a record of observations and actions should be completed for the next 72 hours. We reviewed several records, some had the followed the protocol. However, we found this was not consistent with all the recorded falls.
- The providers action plan completed on 3 July 2021, had not identified the current risks within the home. For example, the safeguards being investigated with the local authority, the ongoing medicine errors and the recording post falls. This meant we could not be assured there was a joined-up approach to concerns or clear provider oversight.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. 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

- People had been encouraged to express their views about the service. Surveys had been completed and the overall outcome was positive. However, one section reflected a lack of assurance from the provider management. No action plan had been completed to address this concern.
- People were able to personalise their own space. We saw bedrooms had been decorated to suit people's needs and display their own memorabilia.
- Staff felt they were able to ask for support with their job role. Staff meetings were held regularly and staff

told us, they had the opportunity to share their views which they felt were listened to.

- Improvements had been shared with people and relatives and it was displayed on the 'You said, we did' board in reception. This noted the new curtains and blinds in the lounge.

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

- The home had a warm and welcoming atmosphere.
- People enjoyed the relaxed atmosphere within the home, they enjoyed friendly conversations with staff, who showed knowledge about people's lives and family. One staff member said, "The background in the care plans are really useful as it helps you get to know people or gives you something to start off a conversation."
- All the staff we observed showed people respect and encouraged daily choices. We saw when some people became anxious or confused about being in the home, staff used distraction techniques and a calm approach to address the situation.
- All the staff we spoke with reflected on the positive support they received from the registered manager and deputy. One staff said, "Supervision is good and any issues they are responsive." Another staff member said, "Anything gets addressed, you can go to them with any problems".

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

- The registered manager understood the duty of candour and was open and honest with us during and after the inspection.
- The registered manager was aware of the responsibility of reporting significant events to us and we have received notifications in line with the regulatory requirements.
- Relatives we spoke with felt confident they could raise any concerns and that they would be addressed. Throughout COVID-19 relatives had been provided with up to date information and once visiting was allowed, they received a visiting pack with optional testing kits.

Working in partnership with others

- The provider worked with a range of professionals to ensure people received the required care. The health care professional we spoke with complimented the service on providing a consistent and caring approach to people's needs.
- The provider had a weekly ward round with the advanced nurse practitioner, this ensured a consistent approach to when people became unwell. Any advice provided from these visits was shared with staff in the handover.
- The registered manager worked with the local authority to complete investigations and to share the outcomes from these.

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 The provider had not ensured medicines were managed consistently to reduce the risk of harm. Risk assessments were not always in place to ensure peoples safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have established systems and processes to ensure the safety of the services being provided. These services had not been assessed, monitored and ongoing improvements made. Risks had not been reviewed placing individuals and others at risk of harm.