

# The Heathers Residential Care Home Limited

# The Heathers Residential Care Home

## Inspection report

35 Farnaby Road  
Bromley  
Kent  
BR1 4BL

Tel: 02084606555  
Website: [www.theheathers.co.uk](http://www.theheathers.co.uk)

Date of inspection visit:  
26 June 2017

Date of publication:  
19 July 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of The Heathers Residential Care Home on 13 and 14 March 2017 which resulted in enforcement action, serving two warning notices on the provider.

We took this action because risks to people had not always been adequately assessed and staff had not always followed risk management guidance to keep people safe. Where people had been prescribed eye drops, these had not always been safely managed placing people at risk. The provider's systems for monitoring the quality and safety of the service were not always effective and there were limited opportunities for people to provide feedback in order to help drive improvements. We also found a further breach of regulations because recruitment checks on new staff were not always comprehensive. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Heathers Residential Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We conducted this unannounced focused inspection of the service on 26 June 2017 to check action had been taken to meet regulatory requirements. At the inspection we looked at aspects of the key questions 'Is the service safe?', 'Is the service effective?' and 'Is the service well-led?' This is because these were the areas in which we had found breaches of regulations at the last comprehensive inspection in March 2017.

The Heathers Residential Care Home provides accommodation, care and support for up to 14 people who are primarily elderly and physically frail. There were 13 people living at the home at the time of our inspection. During the inspection we spoke with two people but they were not able to comment directly on the areas we inspected at this inspection.

There was no registered manager in post at the time of our inspection. The previous registered manager had left the service at the beginning of 2017. The manager of the service was in the process of applying to become registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

At this inspection we found the provider had acted to address the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had been assessed and action taken to manage risks safely. Medicines were securely stored and administered as prescribed to people by trained and competent staff. The provider had put new systems in place to assess areas of risk to people which had been effectively used by staff. Appropriate recruitment checks had been made on staff to ensure they were suitable for their roles.

The manager had systems in place to monitor Deprivation of Liberty Safeguards authorisation expiry dates. The provider also had systems in place to monitor the quality and safety of the service and to seek people's feedback in order to help drive service improvements.

We found that the provider had addressed the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. However, although improvements had been made the ratings for the key questions 'Is the service safe?', 'Is the service effective?' and 'Is the service well-led?' remain 'Requires Improvement'. This is because the systems and processes that have been implemented had not been operational for a sufficient amount of time for us to see evidence of consistent and sustained good practice, and because other areas identified at our last inspection as requiring improvement were not followed up at this inspection. We will follow up on these issues at our next inspection and will check to ensure the improvements identified at this inspection have been maintained.

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

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to safety at the service.

Risk to people had been assessed and staff were aware of the action to take to manage risks safely. New systems had been put in place to monitor and mitigate risks at the service.

People's medicines were securely stored and safely administered by trained staff.

Improvements had been made to the checks conducted on staff to ensure they were of good character and suitable for the roles they applied for.

The rating for this key question at this inspection remains 'Requires Improvement' as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

**Requires Improvement** ●

### Is the service effective?

Improvements had been made to the effectiveness of the service.

The provider had systems in place to monitor Deprivation of Liberty Safeguards authorisation expiry dates to ensure any extensions were applied for in a timely manner where required.

The rating for this key question remains 'Requires Improvement' because we did not inspect other areas identified as requiring improvement at our last inspection. We will follow up on these issues at our next inspection.

**Requires Improvement** ●

### Is the service well-led?

The provider had taken action to ensure that systems for monitoring and improving the quality and safety of the services were operated effectively.

The rating for this key question at this inspection remains 'Requires Improvement' as systems and processes that have been implemented have not been operational for a sufficient

**Requires Improvement** ●

amount of time for us to be sure of consistent and sustained good practice.

---

# The Heathers Residential Care Home

## **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.

We undertook an unannounced focused inspection of The Heathers Residential Care Home on 26 June 2017. This inspection was done to check that improvements had been made to meet legal requirements in response to the enforcement action we took following our inspection on 13 and 14 March 2017.

We inspected the service against aspects of three the five questions we ask about services: 'Is the service safe?', 'Is the service effective?' and 'Is the service well-led?' This is because the service was not meeting legal requirements in response to part of those key questions at the last inspection.

This inspection was carried out by a single inspector. Prior to the inspection we reviewed the information we held about the service. This included notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We also sought feedback from a commissioning local authority to find out their views of the service. We used this information and the information from our last comprehensive inspection to inform our inspection planning.

During the inspection we spoke with two people and three staff including the manager. We reviewed records, including five people's care plans and risk assessments, three staff recruitment files and other records relating to the management of the service, including meeting minutes, audits and people's Medicine Administration Records (MARs).

# Is the service safe?

## Our findings

At our last comprehensive inspection on 13 and 14 March 2017 we found a breach of regulations because risks to people had not always been adequately assessed and staff had not always followed risk management guidance to ensure risks were managed safely. We also found that prescribed eye drops were not always managed safely. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation by 03 April 2017.

At this inspection on 26 June 2017 we found the provider had acted to address these areas of concern and had met the requirements of the warning notice. Risks to people had been assessed in a range of areas including moving and handling, falls, malnutrition, skin integrity and the use of equipment such as bed rails. These assessments had been reviewed on a regular basis to ensure they were up to date and reflective of people's current conditions.

Staff we spoke with were aware of key areas of risk to people and the action to take to manage them safely. For example, they knew which people had risks to their skin integrity and were aware of the need to monitor this closely. Records showed staff had contacted the community nursing team where appropriate to provide pressure relieving equipment and help support the safe management of people's skin integrity. In another example, staff demonstrated an awareness of people's medical conditions, how these should be managed and the signs to look for that may suggest a concern that needed acting upon.

Improvements had been made to ensure medicines were stored and managed safely. Medicines were stored securely in a locked medicines cabinet only accessible to trained staff who had undergone an assessment of their competency to administer medicines. People's Medicines Administration Records (MARs) contained a copy of their photograph and details of any medicines allergies they may have to reduce the risks associated with medicines administration.

The MARs we reviewed were accurate and up to date, showing people had received their medicines as prescribed. Where people had been prescribed eye drops, we saw the date of opening had been recorded to ensure they were still in date and effective for use. Medicines stock levels were accurate when cross referenced with people's MARs.

At our last comprehensive inspection on 13 and 14 March 2017 we found a further breach of regulations because the systems to monitor and improve the quality and safety of the service, and to monitor and mitigate the risks relating to the health, safety and welfare of people or people were not always operated effectively. This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took further enforcement action concerning this breach and served a warning notice on the provider, requiring them to meet this regulation by 17 April 2017.

At this inspection on 26 June 2017 we found the provider had taken steps to improve the systems in place for monitoring and assessing risks to people and had met the requirements of the warning notice. We saw

new risk assessment tools in place which included clearer guidance for staff on how they should be used. The records we reviewed showed that these risk assessment tools had been used appropriately resulting in an accurate assessment of risk levels for people based on the information provided.

At our last comprehensive inspection on 13 and 14 March 2017 we had found a further breach of regulations because checks on staff member's full employment histories had not always been obtained prior to them starting work and because two references had not always been sought for new staff to ensure they were of good character. This issue was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider wrote to us to tell us the action they would take to address these issues.

At this inspection on 26 June 2017 we found the provider had taken action to address the breach and obtained full employment histories for staff, including written consideration for the reasons for any gaps in employment. We also saw criminal records checks were in place for staff as well as checks on staff identification and two references to confirm they were of good character.

We found that the provider had addressed the breaches of Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was compliant with the warning notices we served. However following this inspection the rating for this key question remains 'Requires Improvement' as the systems and processes that have been implemented to make these improvements have not been operational for a sufficient amount of time to demonstrate embedded changes and consistent and sustained good practice.



## Is the service effective?

### Our findings

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last comprehensive inspection on 13 and 14 March 2017 we found a breach of regulations because the provider's systems for monitoring DoLS authorisations was not effective and had resulted in one person's DoLS expiring without the manager submitting an application for extension. This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation by 17 April 2017.

At this inspection on 26 June 2017 we found the provider had put systems in place to ensure staff were aware of when people's DoLS authorisations were due to expire, so they could take appropriate action as necessary. The manager's diary included details of DoLS expiry dates as well as reminders to request authorisation extensions well in advance of expiry. They confirmed that where required DoLS applications had been made and authorisations were either in place or being processed by the relevant local authority.

Whilst the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was compliant with the warning notice we served, the rating for this key question remains 'Requires Improvement'. This is because at this inspection we did not follow up on other areas that we found to be requiring improvement during our last comprehensive inspection on 13 and 14 March 2017. We will follow up on these areas at our next inspection of the service.

## Is the service well-led?

### Our findings

At our last comprehensive inspection on 13 and 14 March 2017 we found a breach of regulations because audits conducted by staff to monitor the quality and safety of the service were not always effective in identifying issues. We also found there had been limited opportunities for people to provide feedback at the service in order to help drive improvements. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation.

At this inspection on 26 June 2017 we found the provider had taken action to improve the systems at the service for monitoring quality and safety and for seeking feedback from people using the service. Records showed audits had been conducted in areas including infection control, medicines and care planning as well as checks on the environment.

At our last comprehensive inspection on 13 and 14 March 2017 we found a breach of regulations because audits conducted by staff to monitor the quality and safety of the service were not always effective in identifying issues. We also found there had been limited opportunities for people to provide feedback at the service in order to help drive improvements. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation by 17 April 2017.

At this inspection on 26 June 2017 we found the provider had taken action to improve the systems at the service for monitoring quality and safety and for seeking feedback from people using the service. Records showed audits had been conducted in areas including infection control, medicines and care planning as well as checks on the environment.

We saw action had been taken where issues had been identified. For example we saw a recent medicines audit identified recording issues which had subsequently been addressed with staff. We found medicines records to be up to date and accurate upon review during this inspection. In another example we saw a care plan audit had identified an issue with staff failing to sign to confirm they were aware of any information entered into people's care plans by external healthcare providers and the records we reviewed confirmed this issue had been addressed.

The manager had conducted a resident survey seeking people's feedback which had recently been completed. They told us they were still to collate the feedback and would then develop an action plan based on any subsequent areas they identified as requiring improvement, so this was not complete at the time of our inspection. However the sample of responses we reviewed showed a high level of satisfaction from people about the service they received.

The manager had also arranged a residents meeting which they told us would be conducted on a quarterly basis in future. Minutes showed aspects of the running of the service had been discussed with people as well as discussions about the entertainment on offer and any activities people would like to be involved in.

People's feedback had included a suggestion that they would like to be involved in gardening activities and staff confirmed this had been arranged and showed us plants people had been involved in potting in the garden area.

We found that the provider had addressed the breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was compliant with the warning notice we served. However following this inspection the rating for this key question remains 'Requires Improvement' as the systems and processes that have been implemented to make these improvements have not been operational for a sufficient amount of time for us to be assured of consistent and sustained good practice in the management of the home.