

Heartwell Care Ltd

# Heartwell House Residential Care Home

## Inspection report

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Leicester  
Leicestershire  
LE4 5DQ

Tel: 01162665484

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Heartwell House Residential Care Home is a residential care home, providing personal or nursing care to up to 13 people, some of whom are living with mental health support needs. At the time of inspection, 13 people were living at the service.

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

Staffing levels were not always sufficient to meet people's needs. On the day of inspection, staffing was below the usual numbers due to staff sickness. People were left in communal areas without staff attention for long periods of time. The usual daily staffing numbers were not always adequate to provide people with good care. The registered manager told us that extra staff were required at particular times, but this was not arranged, leaving the service short staffed.

The environment was not always safe. Window restrictors were not always in place on the first floor, to ensure people's safety. A back door was open and accessible to people, which opened out on to a building site where several hazards were present.

Audits were conducted, but prompt action was not always taken to resolve any issues found including staffing shortage and the environment.

Medicines were managed effectively. Storage and administration of medicines was safe, and staff were trained in this area.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Infection control procedures were followed and the service was regularly cleaned.

Staff treated people with kindness, dignity and respect. We observed positive interactions between people and staff, and feedback from people about staff relationships were good.

Staff felt well supported by the registered manager.

The management notified CQC of specific events, as and when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires improvement (published 21 January 2021)

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and ongoing management of the service

### 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 safety and good governance at this inspection.

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

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

## 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 well-led.  
Details are in our well-Led findings below.

**Inadequate** 

# Heartwell House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Heartwell House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present on the day of our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with three relatives, one member of care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records, medication records, staff recruitment information, and audits.



# 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 requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements in some areas had been made, but failures in other areas were now present. Not enough overall improvement had been made at this inspection and the provider was still in breach of regulation 12

- On the day of our inspection, staffing levels were not sufficient to meet people's needs. Some staff had called in sick, and replacement staff had not been found. This meant there were two staff on shift instead of three, one of which was cooking lunch in the kitchen. There were no separate staff for cooking or cleaning duties, as staff were usually expected to undertake these duties as well as providing other aspects of care. Staff told us this often left people unsupported. One staff member said, "People often don't get to go out when they want if they need one to one."
- We saw people sitting in the communal area for long periods of time without any interaction from staff, who were busy with other tasks. This left people at increased risk of harm.
- The registered manager told us that some people had fluctuating support needs and at times required staffing on a one to one basis. The registered manager told us the provider did not give access to the funding that had been provided by the local authority for this specific staffing, and instead had to provide the one to one from the existing staff team, leaving the rest of the service short staffed.
- Not all of the windows on the first floor of the building had window restrictors on them. The Health and Safety Executive guidelines states where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to easily climb out. The service supported people with mental health conditions, and the provider had not considered the windows to be a risk to people who could climb out and fall. Action had not been taken to ensure that windows on the first floor were secure and the associated risks to people from this had not been reduced.
- A door to an outside area was fully accessible to residents, and led on to a small building site with multiple hazards including building equipment and foundations of a new building. No attempt had been made to risk assess this and ensure people were prevented from accessing this area which provided multiple trip hazards and risks.

The provider failed to provide adequate staffing numbers to protect people from risk, and to provide a safe

environment within the service. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- Risk assessments documented risks that were present in people's lives, and enabled staff to work safely with people. Risk assessments were reviewed, and staff understood and followed risk assessments appropriately.

#### Preventing and controlling infection

- We were not always assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff told us they felt that cooking in the kitchen immediately after being on cleaning duties throughout the service, could provide an infection control risk.
- We were assured that the staff were using PPE effectively and safely.
- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe within the home and with the staff. One person told us, "I have lived here since it opened, I like it here and I am very safe." Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

#### Using medicines safely

- Medicines were stored and administered safely. Medicine administration records (MAR) were accurately completed, and details around people's specific needs with medicines, were documented and reviewed.
- Staff were trained to administer medicines safely.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings. This included detailing any incidents of behaviours which may challenge, to ensure staff learning took place.



# 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 deteriorated to inadequate.

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

At our last inspection the provider failed to have sufficient systems to improve the quality and safety of care and maintain a good oversight. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough overall improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- The provider failed to ensure that staffing levels met people's individual assessed needs. Funding made available by the local authority for individuals was not being utilised to ensure they received their assessed safe staffing levels. The registered manager told us the provider had not been responsive to requests for safe staffing within the service.
- Quality assurance systems were in place, but appropriate and prompt action was not always taken, for example, when staffing numbers were identified as not adequate to meet people's needs .
- Audits and checks had not identified the lack of window restrictors in some first floor rooms .
- Staff and the registered manager told us that major building work had begun at the service, but people were not consulted about it by the provider, and staff had not had time to prepare for any disruption or communicate changes with people living at the service.
- Staff told us they felt aware of the difficulties within the service, but did not have faith that actions would be put in place to improve the situation by the provider. One staff member said, "The pay does not attract enough of the right people to the job, and the atmosphere here is not always good."
- There was a lack of sustained improvement to the quality and safety of the service since our last inspection in December 2019. The provider did not demonstrate enough improvement had taken place, and remained in breach of regulations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider employed a registered manager who fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People's relatives were positive about the care people received, and that their independence was promoted. One relative told us, "[Name] is getting on very well there, they are actually improving a lot. The staff are very good with them." We saw that staff and the registered manager understood people well, and communicated with them in a way they could understand.
- Staff told us they felt able to achieve good outcomes with people, although they could not always spend the time they wanted with people due to low staffing levels.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum .
- People and their families were able to feedback formally via surveys and questionnaires.

Working in partnership with others

- The management team worked in partnership with other health and social care professionals to ensure people's care needs were met. People told us they received the healthcare they required, and staff had a good knowledge of people's needs, and when to seek support from outside professionals.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staffing levels were not always sufficient. On the day of inspection, staffing was below the usual numbers due to staff sickness. People were left in communal areas without staff attention for long periods of time. The usual daily staffing numbers were not always adequate to provide people with good care. The registered manager requested the provider arrange extra staff at particular times, but this was not granted, leaving the service short staffed.</p> <p>The environment was not always safe. Window restrictors were not always in place on the first floor, to ensure people's safety. A back door was open and accessible to people, which opened out on to a building site where several hazards were present.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were conducted, but prompt action was not always taken to resolve any issues found including staffing shortage and the environment.</p>

### The enforcement action we took:

warning notice