Heathcare Ltd

Heath 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?	Requires improvement

Overall summary

This was an unannounced inspection that took place on 13 October 2015.

At the last inspection in October 2014, we asked the provider to make improvements to their infection control and quality assurance processes. During this inspection, we found that some improvements had been made.

Heath House provides accommodation for up to 25 older people, some of whom are living with dementia. There were 18 people living at Heath House at the time of our inspection.

There was a registered manager at the service. 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.

People were safe living at Heath House and the staff were kind and caring when they engaged with them. They had

Summary of findings

access to plenty of food and drink and were supported to maintain good health. However, some people's medicines were not stored securely which placed people at risk of harm.

There were enough staff to meet people's needs and risks to their safety had been assessed and were managed appropriately. Although people's care needs were being met, their social and emotional needs were not always being catered for.

The service was clean and the equipment that people used was well maintained but there was a lack of secure outside space that people could freely access and the internal environment had not been designed to enhance the wellbeing of people living with dementia.

There were processes in place to reduce the risk of people experiencing abuse and staff had received enough training to meet people's care needs safely.

Staff asked people who could verbally reply for their consent before providing them with care. However, staff lacked knowledge about their responsibilities to provide people with care in line with the principles of the Mental Capacity Act 2005 where people were unable to provide their consent.

People were able to contribute ideas on how to improve the running of the service and these ideas were in the main, listened to and acted on. Most of the staff we spoke with enjoyed working at Heath House and felt supported to perform their role.

Systems were in place to monitor the quality of the service provided but improvements were required to make sure that these systems were effective. The service had not informed the Care Quality Commission of incidents that should be reported by law.

There were some breaches of the Health and Social Care Act 2008 [Regulated Activities] 2014 and a breach of the Health and Social Care Act [Registration Regulations] 2009 and you can see what action we told the provider to take at the back of the full version of the report.

We have made some recommendations regarding following the principles of the Mental Capacity Act 2005 when making best interest decisions on behalf of people, improving the environment for people living with dementia and enhancing the wellbeing of people living with dementia.

Summary of findings

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 consistently safe.

Not all people's medicines were stored securely for their safety.

There were systems in place to protect people from the risk of abuse and harm and the service and equipment people used was clean.

There were enough staff to provide people with assistance when it was required.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff had the required skills to meet people's basic care needs.

Staff asked for people's consent before providing them with care but did not understand their legal obligations when providing care to people who were unable to give their consent.

People had access to a choice of food and were encouraged to drink plenty of fluids. They were also supported by the staff to maintain their health.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and polite when they engaged with people.

People were asked how they wanted to be cared for and their opinions were listened to and respected.

People's dignity and privacy was maintained.

Good

Is the service responsive?
The service was not consistently responsive.

People's social and emotional needs had not been planned for and were not consistently met.

People's care needs had been assessed but there was not always clear information in place to guide staff on how to meet these needs.

People's preferences had been assessed and were being met.

There was a system in place to investigate concerns and complaints.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

The registered manager or provider had not notified us of various incidents that had occurred at the home as they are required to so.

Systems in place to monitor the quality and safety of the service provided were not wholly effective.

The service demonstrated that it had an open culture where concerns could always be raised without fear of recrimination.

The service learnt from incidents and accidents to improve the quality of care that people received.

Heath 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.

This inspection took place on 13 October 2015 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

On the day we visited the service, we spoke with seven people living at Heath House, one visitor, seven members of care staff, the cook, the staff member in charge of the maintenance of the premises, the deputy manager and the registered manager. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at seven people's care records and six people's medicine records. We also reviewed three staff files and records associated with the quality and safety of the service.

Requires improvement

Is the service safe?

Our findings

During the inspection we looked at how information in medication administration records (MAR) and care notes for people living in the service supported the safe handling of their medicines. We found no gaps in people's MAR which indicated that they had received their medicines as intended by the person who had prescribed them. People's oral medicines were stored securely for the protection of the people who lived at the home. However, external medicines such as creams were kept in people's rooms and these were not being stored securely. This placed people who lacked capacity to understand what these creams were, at risk of accidental and inappropriate use.

We looked at what information there was available to assist staff when administering medicines to individual people. We found that each person had a photograph to help the staff identify that they were giving the medicine to the correct person and that people's allergies/medicine sensitivities had been recorded. However, when people were prescribed medicines on a when required basis, there was a lack of written information available to show staff how and when to administer these medicines. Therefore people may not have had these medicines administered consistently and when appropriate.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The room temperature where people's medicines were stored had been monitored. Records showed that the temperature was within the acceptable range for the medicines to be safe to use although the temperature was regularly at the upper end of the limit. Medicines that were stored within the fridge were also kept within an acceptable temperature range.

At our previous inspection in October 2014, we found that people were at risk because some areas of the service were unclean. This meant that there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us that they would meet this regulation by March 2015. At this inspection, we found that the required improvements had been made and that systems were in place to protect people from the risk of infection.

The home and the equipment that people used was clean. The laundry room was well kept and new shelves had been installed which could be cleaned easily. A new room was being used to keep cleaning equipment in and the equipment was being stored appropriately. The staff had received training from an infection control specialist and when asked, demonstrated that they had a good understanding of how to prevent the spread of infection. People's rooms, bedding and commodes were clean as were the communal bathrooms and toilets.

All of the people we spoke with told us they felt safe living at Heath House. One person said, "I feel so safe here as staff know me well and know when I am ill." Another person told us, "I have access to my buzzer so I can call staff when I want which makes me feel safe."

The staff we spoke with demonstrated they understood how to protect people from the risk of abuse. This included them understanding the different types of abuse that could take place and who to report them to. We were therefore satisfied that the provider had processes in place to protect people from the risk of abuse.

Risks to people's safety had been assessed in areas such as falls, supporting the person to move, evacuation from the building in an emergency and eating and drinking. In most cases, we saw that actions had been taken to reduce any risks that had been identified and that these risks had been regularly reviewed to make sure that any action being taken was appropriate. For example, one person had fallen out of bed. In response to this, a bed that could be placed lower to the floor had been provided along with a crash mat so that if they fell again, they would be protected from injury. However, we found that one person's risk of entrapment in the bed rails on their bed had not been reassessed in response to a recent deterioration in their health. We discussed this with the registered manager who agreed to liaise with the district nurse and re-assess this risk to the person's safety.

Staff were aware how to report any accidents or incidents. When these occurred, the staff monitored people regularly after the event to make sure they were safe.

People told us that they felt there were enough staff to meet their needs. One person said, "Yes there is always someone around when I need them." Another person told us, "They come to me quickly when I need them." The staff we spoke with also told us that there were enough of them

Requires improvement

Is the service safe?

to meet people's needs and we observed this on the day of the inspection. The registered manager told us that the required staffing levels were based on the number of people who lived at the service and whether they were living with dementia or not. She told us that the home had not had any problems using this method and that the provider was supportive if she needed to increase the number of staff in response to people's increasing needs. To cover any staff absence, the existing staff were utilised. The home had no staff vacancies at the time of the inspection.

All of the recruitment files we checked showed that the staff had received a Disclosure and Barring Services check to make sure they had not been barred to work with older adults. References had also been sought from previous employers to ascertain whether the staff the provider was employing were of good character. In most cases, gaps in staff members' employment histories had been explored, although we found in one case that this had not been done. We raised this with the registered manager who told us she was aware why there were gaps and was satisfied that this was for a genuine reason, although she had not recorded her rationale within the staff members file. We were therefore satisfied that the required checks were taking place before staff commenced employment with the provider.

Lifting equipment such as hoists and stand aids had been serviced regularly to reduce the risk of them being unsafe to use. The fire exits of the building were clear and well sign posted to assist people to leave the building if they needed to in the event of an emergency. The fire alarm was tested regularly to make sure it worked properly. The staff we spoke with demonstrated that they would know what to do in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

We received mixed views from staff regarding whether they felt supported in their role and adequately supervised. Some staff told us they received enough supervision but others said they felt it needed to be improved. We therefore checked some staff supervision files to see how often they received supervision and what support they received. We found that although meetings with staff had occurred regularly, the topics discussed in these meetings were generic and were not personalised to the individual member of staff. There was no discussion regarding the staff members overall performance, their aspirations or what training they required in their role. Therefore improvements are required in the supervision process to support staff in their roles.

People told us that the staff were polite and asked for their consent before performing a task. Our observations during the inspection confirmed this.

The registered manager told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This law was passed to protect people's rights where they lack capacity to make their own decisions.

We saw that where there was doubt that people could consent to their care, an assessment of their capacity had taken place. This detailed the decisions that people required support with or that they could make on their own. In some cases, where a decision was made in their best interests, for example where someone needed to receive their medicines covertly (hidden in food or drink), an appropriate process had been followed. However, this approach had not been consistently applied. We found that where people had sensors by their beds so the staff could monitor their movements, an assessment of the person's capacity to consent to this decision had not taken place. There was also no evidence that the required process in relation to making a best interest decision on behalf of the person had been followed. We fed this back to the registered manager who agreed to carry out the required assessments.

The majority of staff we spoke with did not demonstrate that they had a good understanding of the MCA or DoLS. They were unable to tell us how they supported people who lacked capacity to make decisions although we observed staff supporting people appropriately during the inspection. We noted that not all staff had received training in the subject. Therefore, there was a risk that people who could not consent to their own care did not have their rights protected. The registered manager told us that they were in the process of arranging training for a number of staff within this area. Improvements within this area are therefore required.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware that they may be depriving some people of their liberty in their best interests. They had therefore recently made some applications to the local authority for authorisation to deprive these people of their liberty. They were awaiting the outcome of these. Therefore the registered manager was aware of the DoLS legislation and what action had to be taken for the service to be acting lawfully.

There was an outside space that people were able to gain access to if they wanted some fresh air. However, this area was not secure which meant that people could only access it with the assistance of a member of staff. We also saw that the outside space was not well maintained with overgrown grass and a number of weeds within some of these areas that made them inaccessible and look untidy. Since the inspection, the provider has confirmed that the garden area has now been tidied.

Inside, the service was decorated throughout in neutral colours and all the internal doors were the same colour. We were advised that over half of the people living at the service were living with dementia. The decoration of the environment and the outside space did not support the independence of people living with dementia or help them orientate themselves around the service easily. There was also a lack of sensory items around the service to provide stimulation for people living with dementia. Therefore improvements are required to the environment to support people living with dementia.

The premises were undergoing a programme of maintenance. A number of people's rooms had been redecorated, re-carpeted and a new lift had recently been installed. Some communal areas had been redecorated

Requires improvement

Is the service effective?

and also had new flooring in place. However, some areas of the premises required further attention including communal corridors where plaster was observed to be coming off the walls. We also noted that a carpet on the first floor was not laid flat. Although the people whose rooms were near this area used wheelchairs when being assisted to move, this still presented a risk of tripping to staff and visitors. The provider told us that these areas would be addressed as part of their maintenance programme.

The people we spoke with told us they felt the staff were well trained and knew what they were doing. One person told us, "Staff know what they are doing as I am well looked after."

The staff we spoke with said they had received enough training to meet the needs of the people they cared for. Staff received their training using DVDs or in face to face training. Subjects such as moving and handling, food hygiene, infection control, safeguarding adults and dementia had been covered. They were knowledgeable about areas of how to care for people safely. We observed staff assisting people to move with hoists and stand aides safely.

The staff told us that their competency was regularly checked by the senior staff and that they received feedback if they needed to improve their practice. New staff received induction training and spent time shadowing more experienced staff until they had been assessed as competent by the registered manager to work with people independently. The registered manager advised us that they had plans for any future staff that joined the home to work toward the Care Certificate. This certificate is a nationally recognised qualification that has recently been introduced for staff who work within health and social care.

People told us that they enjoyed the food. One person said, "I like the food. It is given to me in a way that suits my diet. I always have a choice." Another person told us, "Yes, the food is good."

People were offered a choice of food and drink and received assistance with this if required. If people did not like the choice of food that was offered, they were provided with an alternative meal. The cook demonstrated a good knowledge about people's individual dietary requirements. People who required a specialist diet on medical advice, or due to their own preference, received this.

Risks to people's health in respect of nutrition and hydration had been assessed and where there was concern, actions were taken to increase the person's nutritional or fluid intake. People at risk were monitored closely to make sure that the action being taken was effective. Other healthcare professionals such as GPs, dieticians or speech and language therapists were involved when necessary.

People told us that the staff supported them to maintain their health. One person described how the staff had contacted their GP quickly when they had been unwell. They told us, "The staff were marvellous. They acted so quickly on my return home and I was soon on the mend." People saw opticians, dentists, district nurses and chiropodists when they needed to. We also saw that people had received their flu vaccination where this was requested. Specialist healthcare advice was sought in a timely manner to assist people with their healthcare needs.

We recommend that the service seeks guidance in relation to assessing people's consent in line with the principles of the MCA 2005 so making sure that people's rights are protected and on enhancing the environment for people living with dementia.

Good

Is the service caring?

Our findings

The people we spoke with told us that the staff were kind, caring and respectful. One person said, “Oh yes, the staff are very kind.” Another person told us, “The staff are very polite and supportive of me.” A visitor to the home said, “Staff are excellent. Nothing is too much trouble. 100% perfect.”

We observed that for the majority of the time the staff were kind and caring. When staff engaged with people, this was done in a polite manner. We observed one person who was being assisted to move with a hoist from their chair to a wheelchair. The staff spoke to this person discreetly throughout this process, keeping them informed of what was happening and making sure that they were comfortable during each stage of the move. Another staff member was observed comforting a person in the corridor. The staff member was holding their hand and expressing to them that the person could talk to them if they were worried about anything. The staff member took their time with this person who responded to them positively.

Staff regularly made sure that people were comfortable. For example, staff gently asked one person who appeared to be asleep if they could help lift them and sit them on the chair as they were slipping down in their seat.

During the lunchtime meal, people who needed assistance received this in a compassionate way. The staff took their time with people, telling them what the food was and chatting to them to make this a social occasion. People were not rushed and looked to be enjoying the experience.

Before entering people’s rooms, the staff knocked on their doors and respected people’s choices regarding whether they wanted their door open or closed or where they wanted to spend their time during the day. People’s privacy and dignity were maintained. When people received personal care their door was closed. People who remained in their bed were covered and when staff assisted people to move, they protected their dignity.

Where they were able to, people were involved in making decisions about planning their own care and their choices were acted upon. This included making decisions when they first went to live at the home at the initial assessment and when they attended reviews of their care, which were held on a regular basis.

People’s cultural and spiritual needs had been explored. On the day of the inspection, one person was being given Holy Communion. We saw that other people were able to follow their spiritual needs if they wished to.

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive to people's social and emotional needs. One person told us how they used to like painting but had not been supported to do this. Some people who were living with dementia exhibited anxious and repetitive behaviours but these were not always responded to adequately by the staff. For example, we observed one person who was showing signs of anxiety. The staff did engage with this person briefly but no activities were offered to help relieve their anxiety, so they continued to be anxious. Another person told us that they felt frustrated and said they wanted to leave the home. Staff were kind and friendly to this person but did not engage with them beyond providing them with their basic care requirements. We saw from their care record that it had been identified that to relieve this person's frustration, staff should speak to them about their life history events and areas that interested them. However, we did not see staff do this throughout our periods of observation. This meant the person remained frustrated.

There was little stimulation for people on the day of the inspection. Most people remained in the same chairs within the communal lounge areas in the morning watching the television, with some returning to their rooms in the afternoon. One member of staff was employed to provide people with group activities but this only took place in the afternoons after they had completed their laundry tasks. The registered manager told us that most people returned to their rooms in the afternoons so did not take part in the activities. This had not been explored further and no provision had been made for these people to have access to activities to complement their individual hobbies or interests in the mornings or at any other times of the day.

There were personal histories in people's care records, but little information on how people liked to spend their time, what their interests were or how people could be supported with this in the home. From our conversations with some people, we found out about some of their interests that had not been fully explored by the home. We also found that there was limited information in care records to guide staff on how to support people with anxious or repetitive behaviours. Although staff knew about these behaviours, they had not received training in this area and therefore lacked knowledge on how to respond to people in these situations effectively.

These concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to moving into the home, a full assessment of people's individual care needs and preferences about how they wanted to receive their care had been made. However, although we saw that people were receiving appropriate care there were some instances where there was a lack of information in people's care records to guide staff on what care people required. It is important that people's care records reflect the care that they need to receive to reduce the risk of them receiving inappropriate care. For example, some people had been assessed as being at risk of developing pressure ulcers. These people had pressure relieving equipment in place and the staff were assisting them to alter their position regularly to reduce the pressure on vulnerable areas, but there was no information within these people's care records regarding this. This also applied to people who were diabetic or who had catheters in place. Improvements are therefore required to people's care records to ensure they reflect the care they require.

The people we spoke with told us that their preferences were respected by the staff. One person said, "I can rest when I want and get up when I want." Another person told us, "I go to bed early, but that is my choice." When we spoke with staff, they demonstrated that they understood people's individual preferences. We also saw that staff were responsive to people's basic care needs such as offering them drinks regularly, providing them with food or assisting them with personal care when they required it.

People told us they did not have any complaints. One person said, "I have no need to complain but would know any issues concerning me would be addressed." Another person told us, "I have no complaints."

A system was in place to manage complaints. Information on how to complain was displayed in the home. No formal complaints had been received in the last 12 months. People and their visitors knew how to make a complaint.

Requires improvement

Is the service responsive?

They told us they were confident that if they had any complaints their concerns would be taken seriously and acted upon. We were confident that these would be fully investigated if one should arise.

We recommend that the service seeks current guidance on how to enhance the wellbeing of people living with dementia.

Requires improvement

Is the service well-led?

Our findings

During the course of the inspection, we identified that we had not been notified of serious incidents that had occurred at the home as is required. These included serious injuries that two people had experienced and that an authorisation had been given by the local authority to deprive someone of their liberty.

This meant that there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At our previous inspection in October 2014, we found that effective systems were not in place to monitor the quality of service being provided. This meant that there had been a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us that they would meet this regulation by March 2015. At this inspection, we found that some improvements had been made.

Systems were in place to check that the home, and equipment that was used by the people who lived there, was regularly cleaned. These checks included monthly and weekly audits. The domestic member of staff we spoke with was clear about their roles and responsibilities. There was now one member of staff at the home who took overall responsibility for infection control and who had attended a number of external meetings regarding the subject. The provider and registered manager had worked closely with the local authority infection control specialist to make a number of improvements within this area.

Audits in other areas were also taking place including the maintenance of the premises, medicine management and the accuracy and content of people's care records. However, we found a number of areas that required improvement during this inspection that had not been identified by the provider or the registered manager such as external medicines not being securely stored, a lack of guidance for staff in people's care records and staff not having received training in how to support people effectively who displayed anxious or repetitive behaviours. Therefore further improvements are needed to the audit and quality assurance process to make sure that people receive appropriate and effective care.

The registered manager had an 'open door' policy where people could go and speak to her when they wanted to. Most of the people we spoke with knew who the manager was and told us they would approach her or the staff if they were concerned about any aspects of the care they were receiving. We saw that people who lived at the service and relatives went to the office on various occasions to speak to the registered manager. The majority of staff also said that the managers at the home were approachable and would act on any concerns they raised. This demonstrated that there was an open culture within the home.

People's views and those of their relatives on the running of the service had been sought through the completion of questionnaires and residents meetings. The last survey had been conducted in February 2015. We saw that five people and two relatives had responded. The registered manager told us that they had analysed this information and that there were no issues raised. However, when we looked through the information we saw that two people had noted their dissatisfaction regarding the times they got up in the morning and went to bed at night and that one person was unhappy about the choice of food they were offered. It was not clear that any action had been taken in response to these concerns raised.

Incidents and accidents were recorded and investigated by the registered manager. They were also monitored and analysed for any patterns. Where patterns had been identified we saw that action had been taken. For example, one person who had experienced a number of falls had been referred for specialist advice. This demonstrated that the service learnt from incidents and accidents.

The last residents meeting took place in September 2015. We saw that this was well attended and that people were recorded as being happy with the care that was being provided. A suggestion had been made to have a 'pink day' in October 2015 to raise money for breast cancer. This had been acted on and we saw that hats, scarves and other pink items had been obtained for people to wear on this day. People had also been involved in choosing the décor of their rooms during the on going refurbishment programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured that people's social and emotional needs were assessed, planned for or met. Regulation 9(1)(a)(b)(c), (3)(a)(b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People's medicines were not managed safely. Regulation 12 (1), (2) g.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The Commission had not been notified of some incidents as required under this Regulation. Regulation 18.**