

Leonard Cheshire Disability

Heatherley - Care Home with Nursing Physical Disabilities

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heatherley - Care Home with Nursing Physical Disabilities is a residential care home that provide personal and nursing care for a maximum of 42 people. At the time of our inspection there were 33 people living there. People live either in the main building or in one of eight self-contained bungalows located within the grounds. People who lived in the bungalows used the facilities in the main building at any time of day or night. People living at Heatherley had physical disabilities and some people also had a learning disability or acquired brain injury.

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

Based on our review of safe, effective and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture. However, the provider was working toward meeting the principles, and embedding the positive changes made into the running of the service.

Right Support

People were able to access meaningful activities more regularly than they had been able to previously. Changes were being made so people were supported to identify goals and outcomes and plan the support they needed to achieve these. These improvements were just beginning at the time of inspection and time was needed for this to be embedded and for everyone with a learning disability to benefit from the changes.

Right Care

Care was becoming more person centred and flexible to meet people's needs. People were supported by a kind and caring staff team who treated them with respect. People's rights were promoted, and they were protected from discrimination. Staff understood their responsibilities to protect people from abuse and knew how to report concerns should they need to.

Right Culture

There was a positive ethos at the service and people were involved in planning their own care and were encouraged to give their views about the support they received. People were supported to develop their skills and to be as independent as possible. People's relatives were able to give their feedback about the support their family members received and their views were listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection of these to calculate the overall rating.

Rating at last inspection and update

The last rating for this service was inadequate (published 18 February 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Heatherley - Care Home with Nursing Physical Disabilities

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 Health and Social Care Act 2008.

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

Three Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heatherley - Care Home with Nursing Physical Disabilities 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 did not have a manager registered with the Care Quality Commission. This means the Provider is 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy managers, a nurse and care staff. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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 further care records, 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 inadequate. At this inspection this key question has now improved 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from the risk of neglect. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvements had been made to reduce the risk of neglect. We observed that people were not spending long periods of time alone in their rooms if they didn't want to and records we looked at supported this.
- People told us they felt safe from the risk of abuse. One person told us, "I feel safe here." A relative said, "I definitely feel [Person] is safe living there. They have lived in a few different homes and I can see the difference."
- Staff were able to describe the different kinds of abuse people may experience and how they would report any concerns they had. The manager had used team meetings to speak with staff about their safeguarding responsibilities. Staff knew how to escalate safeguarding concerns outside the service if necessary. One member of staff told us, "I know where to go for issues. If not to the area manager, then CQC."
- We reviewed safeguarding records and found concerns since the last inspection had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to ensure the management of risks associated with people's care was undertaken or that the management of medicines was robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, improvements were still in the processes of becoming embedded.

- We reviewed medicines records for four people's prescribed topical creams and found there were still some improvements to be made with these. There were gaps in the application records for two people, so it was not always clear whether the creams had been applied or not.

- The use of body maps to help direct staff when administering topical medicines had improved. However, two people's records for topical creams did not have clear directions for staff to follow. We discussed these concerns with the manager who addressed them immediately with staff following the inspection and increased monitoring of these records so that any gaps were identified quickly.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff received relevant training before they were able to give people medicines and the management team checked staff competency in relation to the administration of people's medicines regularly.
- Risks associated with people's care were well managed. For example, where people had risks associated with eating and drinking, guidance was readily available to staff about how to do this safely and we observed that this was followed closely. A member of staff told us, "[Person] is on pureed diet. When he has a SALT assessment we are updated and it is in their care plan."
- Tools for assessing risks to people were used effectively. The Malnutrition Universal Screening Tool (MUST) and the Waterlow Assessment Tool for risk of pressure areas were used by staff to help manage risks to people and were regularly reviewed.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the management team investigated incidents and shared lessons learned.
- Equipment used to support people was regularly checked and safe for use. Any concerns about equipment were escalated in a timely manner so they could be resolved as soon as possible. A member of staff told us, "We check [equipment] with the instructions and follow the instructions."

Staffing and recruitment

At our last inspection the provider had failed ensured there were appropriate numbers of trained and supervised staff at the service to support people in a safe way. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been reviewed and there were sufficient numbers of staff on duty to provide safe care. People said they do not have to wait long if they require support. One person told us, "There are loads of staff. There is always someone around. Staffing has increased recently."
- Staff also told us that they had time to care for people safely. One member of staff told us, "Some residents have moved. Since I've been here, there's enough staff." Another member of staff said, "Generally there is enough of us."
- We observed there were enough staff available to support people to provide people with personal care when they wanted it. Records showed that people were receiving support regularly with baths and showers and could choose when staff supported them with this. Discussions we had with people supported this.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- Staff were recruited safely. New staff members underwent appropriate checks, including verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- 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 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visits for people living at the home were facilitated in line with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

At our last inspection the provider had not ensured an assessment of the needs and preferences for care and treatment of people was undertaken appropriately and the environment had not been set up to ensure it met people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, improvements were still in the processes of becoming embedded.

- We saw that some people had begun to meet with their keyworkers to discuss goals and wishes and to make plans for these to happen. This was just being introduced and at the time of inspection not everyone had been able to do this. A keyworker is a member of staff with delegated specific responsibilities for an individual.
- Some care plans required a review to ensure they were still accurate. The management team told us they were in the process of doing this and we saw evidence to support this.
- Assessments of people's needs were carried out before people moved to the service. Relatives told us they had been involved in this process.
- The provider had made changes to ensure people's needs were met. Consideration had been given to Right Support Right Care, Right Culture which advises social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.
- People had access to meaningful activities including regular trips out and organised activities at home as well. A relative told us, "They are able to do lots of things, dance clubs, cinema, shopping, [Person] just went to see a George Michael tribute act."
- There was increased flexibility in staffing levels so that people could be supported to do the things they wanted to. The manager told us, "There is a long way to go, its baby steps but it is steps in the right direction."
- The building was spacious and corridors were wide and free from obstructions that allowed people using wheelchairs to move around the building easily. One relative told us, "There is lots of space at the home. He can go around by himself which he likes to do. He can go outside in the garden to cool off. Another relative said, "The design and layout of the home is excellent, and the grounds quite large. [Person] needs to be

accompanied outside, but the staff respect their privacy, and lag a little bit behind to give them space to chat."

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had not ensured that people were effectively supported with their nutrition and hydration. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Where people's fluids were being recorded there were still further improvements required. For example, one person had a target fluid intake recorded as 1500 to 1800 ml a day, but records showed that this was not being reached. The fluid intake was not added up for each day making effective analysis more difficult. We discussed this with the manager who raised this with staff and took action to improve this immediately.
- People at risk of malnutrition were being supported appropriately. People were weighed regularly, and any concerning weight loss was followed up with actions taken and a referral to health professionals if required. A member of staff told us, "We see every time someone is not eating enough, and we ask the nurse if they can have a supplement. If they are not eating, we speak to the manager to make a referral to hospital."
- Staff who were responsible for supporting people with food and drink had received appropriate training including International Dysphagia Diet Standardisation Initiative (IDDSI) training. Staff explained how they would know if a person required a modified diet and we observed people being supported with eating and drinking as described in their care plan. A relative told us, "I think the training of the staff has improved. Speech and Language therapists give the staff lots of information as to how to feed [Person] and they all know about it."
- There were choices available to people at mealtimes and feedback about the food was positive. One person told us, "The food is great. I'm trying not to eat too much." Another person said, "We now get three choices instead of two. If I don't fancy anything I take something out of the freezer and ask them to cook it for me and they will."

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff supporting people were suitably supervised and trained. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training and support to ensure they were confident and competent in their roles. The provider had added new training requirements for staff so that they had a better understanding of people's needs and how to support them. Not all staff had completed this training at the time of inspection, but plans were in place for when this would be done.
- There were opportunities for staff to access additional training in areas that interested them. One member of staff told us, "We had training in person recently about Leonard Cheshire policies. When I wanted to do my NVQ, I asked the manager and I did it. I asked for supervision training and the manager organised

it."

- Staff consistently praised the support they received from the registered manager, deputy managers and other colleagues. One member of staff told us, "The managers are very supportive. The area manager comes, and we can speak to him."
- Supervisions and team meetings were happening more regularly which gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Improvements had been made to inductions for new staff including agency staff who had not worked at the service before. They were required to understand key policies and people's care needs before they supported them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had not ensured people were supported with the appropriate healthcare. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to access healthcare when they needed to. One person told us, "I have physio on a Monday, Wednesday and Friday. It helps my legs." A relative said, "They contact the GP if needed, and dentist."
- Communication had improved amongst staff so that guidance from health professionals was being followed. For instance, one person had been prescribed a new piece of equipment to help with a health condition. Staff were closely following what they had been told to do to introduce this.
- There was a staff handover between every shift so that if there were any changes in relation to people's health conditions staff would be aware of these immediately when coming on shift.
- People had health action plans in place which included trackers for documenting appointments. These showed people had recent check-ups with GPs, dentist, optician and chiropodists.
- Staff were working to improve the care that people may receive if they had a medical emergency. The manager told us, "We are trying to change people over to ReSPECT forms from DNACPR. We are going over that with the GP." ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment and the process creates personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had not ensured requirements of the MCA and consent to care and treatment were followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's care was provided in line with the principles of the MCA. The manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- People told us they were given choice and our observations of people's care supported this. Staff asked people what they would like to eat and drink as well as what activities they wished to take part in.
- Care workers had received training in the MCA and were able to describe to us how they followed this. One member of staff told us, "We give [people] choice...Mental capacity is if you can make the decisions like if you can be here." Another member of staff said, "I know the Mental Capacity Act. If I'm not sure, I can read the posters."
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had not ensured systems or processes were established and operated effectively to ensure quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, improvements were still in the processes of becoming embedded.

- There had been some improvement to clinical oversight. However, we found that clinical risk meetings did not include discussions about infections which we found had increased risk to people at the previous inspection. The manager told us this would be included in clinical risk meetings going forward.
- The management team regularly undertook audits of the quality of the service. However, these had not identified that some fluid charts and topical cream records had not been completed fully. We discussed this with the manager who told us this would be resolved following the inspection.
- Several other auditing tools were used effectively to assess the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- There was a new manager in post who had joined since our last inspection and they were in the process of registering with CQC. Feedback from people, relatives and staff was universally positive about the impact of the new manager. Feedback from people included, "[Manager] is brilliant. She is so bubbly" and, "We had a power cut the other day and [manager] came and slept here over night. It made us feel so much more comfortable and safer."
- There was a positive culture at the service and staff told us they enjoyed their work. Comments from staff included, "I am proud to work here" and "I think [manager] has raised the morale quite a lot."
- The management team understood and demonstrated compliance with regulatory and legislative requirements.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had not ensured systems or processes were established and operated effectively to ensure quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Visiting professionals gave mixed feedback about whether partnership working had improved. One healthcare professional said, "Communication is still difficult, they still don't confirm whether appointments are OK." However, we also heard from another healthcare professional, "Staff do feel more confident to come and talk to me now." A member of staff told us, "The doctor is very good. We do phone consultations first and then the doctor will come."
- The provider had engaged with the local authority, CQC and other professionals to make improvements following the previous inspection.
- Relatives told us they had been kept involved and that recent changes have been positive. One relative told us, "We now receive a newsletter each month. It is great. I think it really makes them feel part of a community." Another relative said, "The new manager has done a lot. If we need to sort something out [person] will speak to her, then [manager] will phone me, and the three of us sort it out together."
- There were regular residents' meetings where people's ideas and opinions were listened to. Records showed that people had been unhappy with changes trialled for the lunchtime service. Following this feedback, the changes were reversed.
- Staff were committed to making improvements to people's care. There were regular staff meetings where they could contribute ideas. Any incidents or accidents that took place were reviewed, and learning outcomes shared with the team.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider.

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 manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. One relative told us, "The communication with families is very, very good via phone or email." Another relative said, "In general they are trying to communicate better."
- Staff and relatives told us they felt comfortable raising any queries with the manager, and that the culture was an open one.