

# Hastings and Rother Voluntary Association for the Blind

## Healey House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected Healey House on the 23 and 26 June 2017. This was an unannounced inspection.

Healey House provides accommodation and personal care for up to 28 older people. Healey House is owned by the Hastings and Rother Voluntary Association for the Blind. A number of people living at the home have a visual impairment, and some required support for a range of other health care needs.

There were 19 people living at the home at the time of our inspection which included four people staying for a period of respite care. Respite care is when people stay for a short break either as a holiday or providing support whilst their main carer is unavailable.

Healey House was last inspected on 30 June and 01 July 2016. Two breaches were of regulation were identified and it was rated as requires improvement overall, with one area identified as inadequate. We asked the provider to make improvements to ensure that care and treatment was provided in a safe way and that quality assurance systems improved. The provider sent us an action plan stating they would have addressed all of these concerns by June 2017.

This unannounced comprehensive inspection on the 23 and 26 June 2017 found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and that they had now met the breaches of regulation. However there were areas still to improve and embed in to everyday practice,

At the time of the inspection there was an acting manager at Healey House. The acting manager had commenced the registration process with CQC and it was confirmed by the registration team that this was in progress. An interview date had been agreed.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. It demonstrated that further embedding of the audits were required now to ensure continued improvement. Some areas of documentation had not been completed or maintained to ensure accurate contemporaneous records were in place to underpin safe care and support for people at all times. This had not compromised people's safety at this time but was an area that needs to improve.

Care plans reflected people's assessed level of care needs and were based on people's preferences. Risk assessments included falls, skin damage, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, cushions were in place for people who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's health needs were met. There were systems in place for the management of medicines and people received their medicines in a safe way.

All staff were involved in writing the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training was on-going.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, meetings and meal times and were seen to enjoy the atmosphere and stimulation.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the whole day in the adjoining day centre, five days a week and were in line with people's preferences and interests. It was acknowledged that further work on providing activities in Healey House (for those who did want to attend the day centre) was needed.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new care staff, to ensure there were a sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had an understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; senior staff were always available and, they would be happy to talk to them if they had any concerns.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

Healey House was safe and was meeting the legal requirements that were previously in breach.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

### Is the service effective?

Good ●

Healey House was effective and was meeting the legal requirements that were previously in breach.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

### Is the service caring?

Good ●

Healey House was caring and was meeting the legal requirements that were previously in breach.

Staff communicated clearly with people in a caring and

supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

### **Is the service responsive?**

Healey House was not always responsive.

Care plans did not all have information in place regarding peoples care and welfare needs.

Those people who did not attend the day centre would benefit from a more meaningful selection of activities. Social activities and outings were available should people wish to participate.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

**Requires Improvement** ●

### **Is the service well-led?**

Healey House was meeting the legal requirements that were previously in breach. However quality assurance systems need time to be fully embedded.

There was a manager in post, supported by a senior management team

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an awareness of changes of management and felt that the new management team of the home were approachable.

**Requires Improvement** ●

# Healey 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 checked 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.

The inspection took place on the 23 and 26 June 2017. This visit was unannounced, which meant the provider and staff did not know we were coming.

The inspection team consisted of one inspector and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people. We looked at the action plan supplied by the provider. We also reviewed the provider's information return (PIR) and used this information to plan the inspection.

We observed care in the communal areas and over three floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including four people's care records, five staff files and other records relating to the management of the home, such as complaints and accident and incident recording and audit documentation.

We spoke with 11 people living at the service, two visiting relatives, eight care staff, the chef, the activity co-ordinator, the nominated individual and the manager. We also spoke with the maintenance person and two members of the ancillary team.

# Is the service safe?

## Our findings

At our inspection in June and July 2016 we found that the provider had not taken appropriate steps to ensure that there were measures in place to manage medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by June 2017. We found that improvements had been made and the provider was meeting the requirements of Regulation 12 in respect of the management of medicines of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Healey House. One person told us, "Very settled here and I feel safe." Another person said, "I have no concerns about anything, I'm happy and safe here." Relatives said, "The staff seem very good, they make sure people have a bell near them to call for help and there are a lot of staff." Another relative told us their family member was safe and settled and they did not worry about their safety. Staff expressed a strong commitment to providing care in a safe and secure environment.

This inspection found that appropriate steps had been taken to ensure that there were measures in place to ensure people received their medicines safely. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One person told us, "I get all my medicines when I need them." There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a clinical room and they were administered by senior care staff who had received appropriate training. We observed two separate medicine administration times and saw that medicines were administered safely and that staff signed the medicine administration records once it had been given. All medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken regularly at the present time to drive improvement in medicine management. When errors were found there was a clear audit trail that defined what action was taken such as medicine retraining and competency tests. There were some areas of documentation that needed to be reviewed and developed. These were discussed with the head of care. This was in respect of individual care plans and risk assessments for medicines. At present the medicines were listed on the MAR identification sheet but not all were accurate and up to date. The head of care was aware of this and had plans to liaise with the GP and undertake medicine reviews on all the people who lived at Healey House.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage. One person's care plan directed staff to offer a change of position every two hours as they were at high risk from pressure

damage. Pressure relieving mattresses and seat cushions were used for people identified at risk and were set according to the manufacturer's instructions. Settings for the pressure relieving equipment were checked by the staff once a day. One person living at Healey House had their dog living with them. There was a care plan and risk assessment for the dog which included the risks associated with having a child gate on the bedroom door to keep the dog in the bedroom at night so that it did not disturb others who wished to keep their doors open. We saw that discussion had taken place with the owner and they had agreed that the responsibility for the dogs care remained with them. However, staff told us they assisted when needed.

At our last inspection improvements were required to the safeguarding procedures. This inspection found that as far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy that enabled them to raise any concerns with the registered manager or senior staff at any time.

A system was in place to record accidents and incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident and incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with local safeguarding policies.

There were sufficient suitably qualified and experienced staff on duty at all times to ensure peoples safety and well-being. Three care staff and the head of care were on duty throughout the day with the manager as supernumery. At night there were two staff. There were separate staff for the reception and administration duties, activities, kitchen, maintenance, laundry and cleaning. People told us that they thought there were enough staff on duty to keep them safe. One person said, "Always someone around if I need them." Another said, "It's safe and if I ring for help, staff come quickly."

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This was spread out between the senior staff. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discreetly when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work, the provider obtained references and carried out a Disclosure and Barring Service (DBS) check. We checked seven staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. There was minimal agency usage, and should agency staff be required, the management team had ensured that only agency staff that knew Healey House and the people who lived there, were used.

There was on-going repair and replacement in the home. Regular environmental checks were carried out,



these included call bells and electrical equipment, such as TVs. The fire alarm system was checked weekly; fire training was provided for all staff and records showed that they had attended. Repairs noted by staff were written in a new log introduced recently by the new manager. Maintenance staff said they dealt with these as soon as possible and the log confirmed this. They told us, "If it is something simple like a light bulb it is done straight away, the only delays are when we have to get outside contractors in, like for the chair lift and lifts." The home was clean, with homely touches throughout and people had personalised their rooms with their own furniture, ornaments and pictures. Environmental risk assessment had been completed to ensure the home was safe for people. It was acknowledged that the home was in need of decoration in some parts and this was being addressed through the yearly development and redecoration plan.

There was a system to deal with any unforeseen emergencies. Personal emergency evacuation plans (PEEPs) had been developed for each person; these included guidance for staff to follow with regard to assisting people to move into safer areas of the home or to leave the building and, staff said everyone could be moved out of the home if necessary. The manager or a senior member of the management team were on call each night and were available for advice or to discuss issues at any time. Staff said "We are well supported and if we have any concerns we just pick up the phone." The fire risk assessment showed that previous actions had been addressed. Fire evacuation and emergency procedures were displayed around the home. Evacuation equipment was located around the building to aid evacuation. Fire alarm practices were being completed; this had included both day and night staff. Staff training was on-going.

Healey House had designated maintenance employees responsible for the overall maintenance of equipment and services for the home. Equipment and services were well maintained and checked regularly. This included water checks, legionella and fire safety.

# Is the service effective?

## Our findings

At our inspections in June and July 2016 we found that the provider had not taken appropriate steps to ensure staff had received an appropriate induction and training before working independently within the home. The provider had been in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Provider submitted an action plan detailing how they would meet their legal requirements by June 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that not all staff had received a structured induction before commencing work unsupervised. Structured inductions were now organised to ensure all staff felt supported and competent to undertake their role within the service. One staff member told us, "I felt supported, I have worked in care before but it was good to be able to observe and get to know the residents and staff."

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. This identified any areas where staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home.

They confirmed that they received all essential training such as fire, food hygiene, moving and handling, infection control and also received specific training to meet the needs of people who lived at the service. For example, diabetes training. We were also told "We all receive sight awareness courses and this is really helpful." Another staff member said "We do lots of training, it's good, it keeps you up to date."

Staff told us they felt supported and that they could speak to the acting manager or provider if they needed to discuss anything. We saw that a programme had been commenced to provide staff with one to one supervision, however, this had fallen behind schedule. The acting manager told us they had delegated this task to senior care staff. It was clear that this schedule was running behind but staff felt that supervision would be bought forward or arranged if they felt they needed it or requested it. The acting manager was clear if a concern arose then supervision would take place to discuss this.

Staff knew people's preferences well, for example one person preferred to stay in their room instead of going to the day centre. We saw that staff regularly went to their room to see if they were okay and to take them to dining room for lunch. They discussed the reasons for this change and how they supported this person not to be socially isolated.

A mental health assessment tool was used to identify any concerns in relation to people's mental health, capacity and understanding. A mental health care plan was seen in care files. This included information to remind staff that it was important that people felt involved and supported to make decisions to enable people to maintain control of their life, and make necessary decisions. However, there was a lack of

supporting documentation to support when decisions had been made in a person's best interest when it wasn't their choice. For example a change of room. The manager has confirmed that they will visit this person to discuss this as this person has the capacity to make their own decisions.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The service was meeting the requirements of Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly. MCA had been completed regarding specific risks or when people's mental health needs had increased and referrals to community mental health teams had been done if a person's mental health needs had changed. Many people were independent and able to go out alone or with friends.

People confirmed that they were asked for their consent before care and assistance was provided. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and if necessary sought advice from the acting manager. We saw that staff knew people well, identifying when people were anxious or did not feel well.

People were supported to have enough to eat and drink to maintain their health and well-being. People enjoyed the meals provided and told us the food was, "Very nice," "Good and tasty," and "They make sure I eat a good diet." We saw that the menu offered choices of well-balanced nutritional food at mealtimes.

Whilst there were specific meal times, people were able to eat at times that suited them. Breakfast items were available for people to help themselves or staff provided assistance if needed. There was a rotating monthly menu which changes with the seasons. The chef spoke to people each day to get their menu choices. The menu was also displayed in the dining room. People could choose to eat their meal in the dining room on the lower floor, in the day centre, their room or other communal areas. People had access to equipment and cutlery designed to help people to eat independently. Plate guards and angled forks and knives. For people who had a visual impairment staff ensured they were suitably supported with verbal guidance given in the form of a clock face to let people know where food was on their plate. For example, potatoes at 12 and vegetables at 6. Staff did this quietly and discretely. One person did have difficulty locating their food due to the size of the plate as the food was too close to each other. The person did say a larger plate would be helpful or less food. The meals were attractively presented and people had access to drinks. Wine and sherry were available if people wished to have a drink. Snacks were available throughout the day and night. This included biscuits and cakes, hot and cold drinks.

The chef had information regarding people's specific dietary requirements including allergies, diabetic meal requirements and people who had fortified meals and drinks or pureed meals. The chef told us that they provided a variety of meal choices for people and if people changed their minds at the last minute an alternative would be offered. People's weights were taken monthly, and any concerns or changes discussed with the acting manager and reported to people's GP if needed.

People received effective on-going healthcare support from external health professionals. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. Staff had referred people to the Tissue Viability Nurse (TVN) and speech and language therapist (SALT) as required.

We received feedback from people, relatives and health professionals. People told us that they were happy

living at Healey House and felt their needs were being met. A visitor told us, "Really pleased with the home, only been here a short time but it's comfortable, clean and the staff are great." A health professional told us, "The staff are courteous and knowledgeable about their residents."

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good, kind and caring. Nothing is too much trouble." Another person said, "I am very happy here, lovely."

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms had items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. One person lived with his dog, whilst another had pet fish. This meant everything to them. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and bits and bobs. They also said, "I can choose where I spend my time, staff respect that and don't pressure me to do things I don't want to do." Another told us, "We get the choice, but it's always our own decision, great respect is shown to us in all ways."

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Most people wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the staff would always listen to their point of view and explain if things could not be done. A relative told us, "They ask us for suggestions and keep us well informed, I feel we are all supported." Another relative said, "My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through." The acting manager told us, "We support people to do what they want, it's their right." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when assisting them in personal care. As people's sight deteriorated, staff confirmed that they might need more assistance and the training they had received enabled them to do it in a way that still enabled the person to be independent and retain their dignity. One

staff member said, "The worst thing we can do is take over, that would not be respectful at all."

People received care in a kind and caring manner. Staff ensured people who spent their time in their room had regular contact with staff. We saw that ancillary staff had a really nice rapport with people and also knew them well. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The acting manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training regarding to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, "There are no restrictions on visitors". A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

## Is the service responsive?

### Our findings

People were happy with the standard of care provided and said that it met their individual needs. One person told us "They keep an eye on my health, and I get to see the right doctor when I need to." Another person said, "I am very well looked after, they listen and I am very happy with the care."

People liked their rooms and had individualised them to suit themselves with memorabilia, photographs and personal possessions with the assistance of relatives and friends. Relatives said they were involved in discussions about and the planning of people's care and felt able to talk to the staff about this at any time. One relative said, "I know there is a care plan and I get asked regularly for my input." Another relative said, "I am informed of any changes and if my relative is unwell, the staff ring me."

Since the last inspection further work has been undertaken on the care plan documentation especially for those at Healey House for a short stay. There were still areas to develop and this was acknowledged by the management team. Whilst people's needs had been assessed before they moved into the home to ensure the service was able to support their needs, there was no reference as to why they were moving in to Healey House. Whether it was because of their sight deteriorating and they were no longer safe to live alone or that they were becoming physically frail. There was also a lack of cross referencing medical conditions that they lived with which may impact on their overall health if staff were not aware of these : such as cancer and the related problems it may cause. We also found some irregularities with the recording of weight loss. Some people's weights were unstable over the last three months and this had not been responded to. It was thought that it may be that there was not a consistent approach to how staff weighed people. For example time of day or clothing. The manager was taking this forward as a learning need and producing a procedure so all staff followed the same process.

Not all care plans identified the importance for certain people's rooms to be positioned in the way the person required to enable them to find items and negotiate furniture safely. This had been identified by the manager and was being implemented.

We received some negative comments from staff and visitors about activities and the one to one sessions for people who preferred or needed to remain on bed rest or in their room. All staff acknowledged that people that chose not to attend the day centre needed more choice of activities and one to one time. One staff member said, "Now we have got the care sorted out we can start to focus on the social bits, which are important to us and our residents." Not all communal areas were designed to facilitate people with sight impairment, for example large faced clocks, bedrooms and toilet/bathroom signage. The staff also had suggestions of how to use their sight awareness training in to making the environment more suitable with colours, signposts and large print notices to accommodate those who have a sight impairment. These were areas identified as needing improvement.

Care delivery was in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Care plans looked at the person's individual needs and what care or support was needed to meet their needs. For example, one person who lived with type 2 diabetes had guidance within their care plan of how to manage their health in respect of diet, foot care and eye care. This meant that care delivery was responsive to people's individual needs.

Activities were mainly provided at the adjoining day centre run by the charity. Other activities were organised by the home for example music sessions and trips out. This had included trips out to the sea front, gardening, one to one hand massages and pamper sessions. People told us that they like attending the day centre and they had made friends. Most people chose to attend activities at the day centre each week and also have their lunch in the day centre. The day centre provided a variety of activities which included singing, games and quizzes. Two people told us they went out regularly alone and with friends and family. A church service was also held each month. One person told us they chose not to attend activities in the day centre but enjoyed the pet visitors and had friends visiting. Staff told us that people were encouraged to attend activities and that they worked hard to prevent people becoming isolated or lonely in their rooms. People told us they had access to talking books, speaking clocks and other aids to assist them due to their visual impairment.

Regular staff, resident and family meetings were held and we saw that times of meetings were displayed and details of suggestions and discussion points were recorded and actioned. For example, meal choices. The action plan stated they had sent out surveys and regular meetings with the chef had been arranged. This was confirmed by the improvements seen.

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to in line with the organisational policy. A complaints log was kept and monitored by the nominated individual. The complaint log showed that complaints were investigated and responded to appropriately.



## Is the service well-led?

### Our findings

At our inspection in June and July 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate. We found the home had a vision and values statement but we did not see the values acted on during the inspection.

The provider submitted an action plan detailing how they would meet their legal requirements by December 2016. This inspection found that Regulation 17 was met however there was still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

A manager had been recruited and had submitted their application to register with CQC. People, staff and visitors were complimentary about the new manager and the improvements to the leadership in the home. One staff member said, "Calm, supportive and knowledgeable."

Effective management and leadership was demonstrated in the home. The manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. They told us that the philosophy and culture of the service was to make Healey House 'Their home'. He also told us, "It's important that we make it comfortable, homely and safe." There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. The manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "It's a different place now, open and transparent, easy to talk to." Staff were happy to challenge poor practice if they saw it and would contact the manager or other senior staff immediately if they had any concerns.

This inspection found that there was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation. The manager said it was an area that they wanted to continuously improve. All care plans were up to date but not all contained important changes/reflections of people's mental health status and did not reflect short term conditions such as urine/chest infections and how staff should promote extra fluids. Food and fluid charts when used were not all completed accurately and used to inform staff of the risk of dehydration and weight loss. People's medical histories were not always used or reflected on to promote on-going good health and well-being. This meant there were some areas that still needed to be improved to ensure that care delivery was not compromised.

Everyone knew the manager and referred to him when describing their experiences of life at Healey House. One person said, "The manager is always around the place, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice atmosphere to work in." We asked staff what they would change if they could, all said, "Nothing," and "I really can't think of anything, except perhaps a bigger dining room and easier access to the garden."

The area manager told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Healey House to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input."