

Yorkshire Regency Healthcare Limited

The Heathers

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Heather's is a specialist residential service providing accommodation and personal care to a maximum of 34 people, inclusive of respite service. The service provides support to people with alcohol and/or substance misuse. The Heather's is an adapted building which includes double bedrooms for people and ensuite facilities. At the time of our inspection there were 27 people using the service.

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

The home was clean, and the risk of infection was reduced by effective infection prevention and control measures being followed. The provider had refurbished some areas of the home and had plans for further development. People were supported by sufficient staff who received training to support them in their role. People's risks were assessed, and care plans put in place to support people in the way they wanted. We identified some inconsistencies in care plans, but the provider took immediate action to address this.

People experienced safe care from staff who understood how to protect them from abuse and avoidable harm. Risks to people's safety were mitigated and people received their medicine as prescribed. Where incidents or accidents occurred, these were investigated and analysed to reduce the risk of re occurrence.

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.

People's hydration and nutritional needs were met, and people told us they enjoyed the food provided at The Heathers.

The culture we observed within the service was open and friendly. Senior team members were visible throughout the service. Staff said they were well supported by the registered manager and senior team. Regular audits and checks were carried out by the team leaders and the registered manager. These were used to review the quality and safety of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 October 2022), and there were breaches of regulation. 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.

Why we inspected

We carried out an unannounced focused inspection of this service on 12 and 21 September 2022. Breaches

of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, medicine management, consent, premises and equipment and good governance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Heathers on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

The Heathers

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

The inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience. 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

The Heather's is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Heather's is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and other professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service about their experience of the care provided. We spoke with 12 members of staff, including the registered manager, team leaders, senior care workers and care workers. We also spoke with an advocate for some people in the home, who was visiting the service during the onsite inspection.

We reviewed a range of records including 5 people's care records, multiple medication records and audits, 3 staff recruitment files and supervisions. We also looked at a variety of records relating to the management of the service, including policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(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 12. However, we identified further improvements were needed.

- Care plans contained detailed information about people and identified risks. We saw good examples of person-centred entries and regular reviews occurring. However, we did see some inconsistencies regarding the documentation of some sexualised behaviours of people. The registered manager confirmed immediate action had been taken to update the care plan with the required information.
- Personal emergency evacuation plans were not in place in a grab bag in the event of an emergency. Information held on the online system was also inaccurate for some people. This meant emergency services would not have the required information to locate people and evacuate the building safely and quickly. The provider took immediate action, and we are assured this was in place and contained accurate information regarding people's mobility in the service.
- Risks to people were being managed effectively with robust and personalised risk assessments in place where needed.
- A new system was in place to monitor accidents, incidents, and safeguarding concerns. We saw evidence of lessons learnt through the review of these occurrences.

At our last inspection we also found the provider had failed to ensure the premises were clean, secure and suitable for purpose and properly maintained. This was a breach of regulation 15(1) of the Health and Social Care Act 2008(Regulated Activities) Regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had made improvements to the communal areas of the service, including re decorating, new furniture and furnishings and improving the outdoor space. Many areas of the home still required attention. The provider has shared their extensive ongoing refurbishment and improvement plan, covering the bedrooms and ensembles.

- The cleanliness of the service had been improved and maintained with robust cleaning schedules and more domestic staff.
- People had lockable cabinets in their rooms and keys to their own doors to ensure safety of their personal belongings.
- Health and safety audits were completed, and improvements required were noted. This was shared in the maintenance book which was reviewed and monitored by management.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on recording the range of temperatures within the medicine's audits. The provider had made improvements.

- Medicines were being managed and stored safely. The temperature for the fridge and ambient temperature of the medicine's storage was recorded daily. For people self-administering medicines, risk assessments had been completed including safe storage within the persons bedroom.
- Medicines audits had been completed and any issues were dealt with in a timely manner.
- All residents had recently had medicines review by the local pharmacist and weekly ward rounds took place from the local GP surgery if any issues arose.
- The home had introduced a more robust process for medicine reconciliation when a new resident arrived. This therefore reduced the risk of people not receiving their prescribed medicines.
- Medication administration records (MARs) were mostly completed clearly and accurately. For 2 people it was found that 2 medicines from the last cycle had not been transferred over to the new MARs chart. This was discussed on the day of inspection and action was taken to immediately remedy this and mitigate future occurrences.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were in place for the safeguarding of people, and we saw safeguarding referrals were being made when required.
- Staff told us they had received safeguarding training and knew what to look out for and how to report concerns. This was evidenced in the training matrix.
- People told us they felt they and their belongings were safe in the service.

Staffing and recruitment

- There were enough staff to meet people's needs and requirements.
- We saw consistent staffing levels across the week and weekend days, and a high presence of staff in communal areas.
- People and staff told us they felt there were enough staff to ensure safety and to meet people's needs.
- The provider had safe recruitment processes which were followed. New staff had Disclosure and Barring Service (DBS) checks prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider was supporting relatives, friends, and other professionals to visit people safely. The appropriate safeguards were in place to protect people and the provider was following current government 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider had failed to ensure people's care and support was delivered in line with the MCA. This was a breach of regulation 11(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 11.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- DoLS care plans were in place and conditions were being followed.
- Consent to care was captured and documentation showed people's involvement in care plans.
- People were supported to take risks and make decisions with the use of risk assessments.
- Consent was gained on an individual basis for restrictions or practices which were invasive, such as night-time welfare checks and sensors.

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

- The provider had developed new initial assessment documentation and processes which were more robust and detailed. No new admissions had been completed using this method prior to inspection. However, the new process indicated a more thorough pre assessment will occur and reduce risk to people.
- The provider had moved paper care plans onto an online care system. Care plans were detailed and identified people's needs, wishes and preferences.

- The building was undergoing extensive refurbishment and the registered manager identified plans for communal spaces to be repurposed to suit the social needs and requirements of the people living in the service.

Staff support: induction, training, skills and experience

- Training matrix showed a good compliance with training. The provider had sourced specific training on alcohol awareness. Staff told us, "The alcohol awareness training is the best training I have ever done, and the best training I have had since being at The Heathers. It was really useful."
- Records showed staff completed induction, shadowing and had ongoing support from staff, team leaders and the registered manager.
- Records showed staff were receiving regular supervisions and appraisals. Staff told us they felt well supported by the registered manager and team leaders, and "[registered manager and team leaders] were all approachable and available for support any time of the day."

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

- People's nutritional and hydration needs were met.
- We observed mealtimes on the day of inspection. Mealtimes were relaxed, with food served which looked appetising. People were offered choices, seconds and had condiments available to them.
- People told us they were happy with the food provided and with the amount. One person told us, "The food is good, in fact you get too much. I was skinny when I came in here". Another person told us, "I can get a drink whenever I want, I can go into the entrance of the kitchen and just make myself a hot drink at any point".

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

- The service had worked extensively on recording all the support they had requested from external agencies, particularly in relation to managing people's drug and alcohol misuse and mental health issues.
- People's care records clearly showed the involvement of other professionals in their care, such as GPs, chiropodist, mental health team, district nurses, opticians, and dentists.
- The service used the telemeds system effectively and had a good working relationship with the GP who conducted virtual and in house weekly ward rounds.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the last inspection the provider had failed to ensure the service had effective governance systems which placed people at risk of harm. This was a breach of regulation 17(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 17.

- The provider had completed a robust action plan in response to concerns raised at the last inspection and had complied with the requirements for the improvements.
- The provider had effective leadership in the service. Team leaders had split roles and took responsibility for specific activities. They maintained clear and robust documentation, completed reviews and analysis of accident and incidents, medication, weights and ensured action was taken where shortfalls were identified.
- A new electronic care system had been introduced into the service and had been adapted and utilised well. Care plans and risk assessments were more robust, person centred and captured people's involvement in decision making.
- Provider level audits and monitoring systems were in place and were effective in driving improvements in the service.
- We observed the culture within the service was open and friendly. The senior team were visible throughout the service.

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

- Resident and staff meetings were held regularly, and documentation captured the themes and trends of discussions and actions taken where suggestions or requests were made for improvement.
- People were more involved in their care planning and decision making which was evidenced in the care plans. People told us they felt more involved and in control of their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an up-to-date duty of candour policy which was followed if something went wrong.
- A visiting professional told us they felt the provider was open and honest when things were not working or if something had gone wrong.

Working in partnership with others

- Documentation showed effective partnership working with multiple external agencies. The provider had good links with the mental health teams, GP's, district nurses, dentists, and the local authority.