

## Heathbank Support Services

# Heathbank Support Services

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection was carried out over three days on the 19, 20 October and 10 November 2015. Our visit on the 19 was unannounced.

We last inspected the service on 10 July 2013. At that inspection we found the service was meeting all the regulations we reviewed.

Heathbank Support Services is a small charitable organisation based within the Oldham, Greater Manchester area providing personal care and support to enable people to live as independently as possible within their own home and supported living accommodation.

At the time of our visit, Heathbank was providing a Domiciliary Care Service to eight people living independently within the community and supporting five people living in supported living accommodation. All 13 people had a variety of health and social care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We found the contents of care records were not accurate or complete and did not contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored, managed or reviewed. This meant that people using the service may receive care and support that does not meet or support their individual care needs and does not identify and minimise potential risks to their health and wellbeing, placing them at further risk.

We found seven people who were being supported by Heathbank Support Services, in the community did not have any care records in place. This meant that people were at risk of receiving care and support that did not identify nor meet their individual needs and staff lacked important information to help them support people appropriately and safely.

Support workers demonstrated they were knowledgeable about the people they supported.

The systems in place to manage and administer medicines did not give us confidence that medicines were always being managed and administered safely.

We found that "Covert Medication" was being administered to a person without a capacity assessment or best interest meeting being held, to ensure that such a procedure was in the best interest of the person. Lack of a capacity assessment and best interest meeting being held could mean this person was being deprived of their liberty unlawfully.

A robust system was in place to ensure staff was recruited safely.

We found no evidence to show the service matched support workers skills to people's needs, so that person centred care could be delivered.

Staff were able to demonstrate their understanding of safeguarding and whistle-blowing procedures and knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Relatives of people using the service spoke warmly about the support workers. We saw that the relationship between the person and the support worker's on the day of the inspection was good.

We saw people were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We found the involvement of people and their relatives in making decisions about their care variable. Where people had made suggestions about how they wanted their care to be delivered, these requests were not always put into practice.

We found inadequate systems and processes in place to ensure the delivery of high quality care. Issues identified within care records had not been identified and addressed through a robust system of audit. All of the care records we looked at contained incomplete records which had not been signed or dated by the support workers or the registered manager.

Records were not being effectively stored, monitored or maintained. This meant that such records did not always contain detailed and complete information to ensure staff could effectively care for people and therefore could place people's health and wellbeing at risk if not being met and monitored appropriately.

Management tried to encourage a positive culture amongst support workers. However, most support workers we spoke with and relatives told us they felt many of their concerns with the service were the result of ineffective management.

We found a lack of person centred information within all care records we reviewed to demonstrate that people's wishes were considered and planned for.

There was a lack of up to date and current policies and procedures being in place, that are critical to ensure that health and safety, legislation and regulatory requirements are adhered to and prevent people from the risk of receiving unsafe and inappropriate care.

Support workers were not provided with appropriate training to carry out their role and ensure the delivery of safe care and support to people using the service.

Staff had not received regular support necessary for them to carry out their role and responsibilities effectively.

# Summary of findings

Staff were able to demonstrate a good understanding of The Mental Capacity Act 2005.

The overall rating for this provider is 'Inadequate'. This means it has been placed into "Special measures" by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Care records were not always accurate and complete and did not contain sufficient information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

There were no effective systems in place to ensure medicines were managed safely. Medication was given covertly without a capacity assessment or best interest meeting.

Staff had a good awareness of safeguarding and how to report concerns about people's wellbeing.

**Inadequate**



### Is the service effective?

The service was not always effective.

Care records did not contain detailed and complete information to ensure staff could effectively care for people.

Support workers were not provided with appropriate training, induction and support to equip them with the skills they needed to carry out their role.

People had access to health care professionals when required.

No Consent to care and treatment documentation.

**Inadequate**



### Is the service caring?

The service was not always caring.

There was no involvement of people and their relatives in making decisions about the care they received.

Support workers were knowledgeable about the people they supported and people's individual needs were understood by support workers.

People spoke positively about care staff and told us they treated them with respect and dignity.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

Care plans were not up to date and did not provide staff with the information they required to meet people's needs.

People's preferences on the activities offered to them was not considered.

No involvement of people in residents meetings or relative meetings.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not well-led.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since 8 December 2010.

We found inadequate systems and processes in place to ensure the delivery of high quality care.

Records were not being effectively stored, monitored or maintained.

Support staff were unclear about quality monitoring systems in place because there was a lack of consistent leadership.

Communication systems were ineffective.

Relatives spoke positively about the service from the details found in the returned six monthly questionnaires.

**Inadequate**



# Heathbank Support Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19, 20 October and 10 November 2015 and the first day was unannounced.

The inspection team comprised of one adult social care inspector.

Prior to the inspection we spoke with the local authority commissioners and reviewed the information we held about the service. The Local Authority provided us with a copy of the quality assurance report produced following a recent contract monitoring visit. As a result of the report we were aware that several areas had been identified as requiring action to be taken in order for the service to meet the requirements of the local authority.

Before our inspections we usually ask the provider to complete Provider Information Return (PIR). This is a

document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion no PIR was requested.

Some of the people being supported by Heathbank Support Services were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspections (SOFI). This is a tool used by the Care Quality Commission (CQC) inspectors to capture the experiences of people who use services who may not be able to express this for themselves. During the inspection we saw how staff interacted with people using the service. We also observed care and support being provided in the communal areas.

During this inspection we spoke with two people who used the service, four relatives, one advocate, four healthcare professionals, five support workers, the registered manager and the registered provider. We did this to gain their views about the service provided.

We looked around all communal areas of the home, looked at five people's care records, three medicine records, three staff recruitment files, training records for all support workers and records about the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us they “felt safe” when staff visited them and found support workers to be “nice” and “approachable”.

Support workers had a good awareness of the service’s safeguarding and whistleblowing procedures and understood their responsibility to share any concerns about the care provided to people who used the service. All of the staff we spoke with told us they would report any safeguarding concerns to the registered manager and if they felt appropriate action was not taken, they would escalate their concerns to outside agencies such as the local adult protection team.

We found care records for people living in supported accommodation were not always accurate and complete and did not always contain information to demonstrate that potential risks to people’s health and wellbeing were being fully assessed, monitored and managed. The five care records we looked at did not contain up to date information which meant they did not reflect people’s current needs and provide care staff with up to date information to help them provide safe care.

Potential risks to people were not always supported by robust risk assessments for example, one person’s risk assessment detailed they have ‘one to one’ support with personal care. However, no support plan or moving and handling risk assessment had been completed for this person. Another person’s risk assessment identified a risk of behaviour that challenges. There was no specific information about the triggers to this person’s behaviour that could challenge or potential strategies and actions for staff to take to help calm this person if they showed signs of agitation. This meant support workers were not provided with appropriate information to help ensure the delivery of safe care, and the safety of staff providing support.

We found that where risk assessments were in place, these were not being consistently reviewed and updated. For example, one person’s risk assessment relating to transfers and personal care had not been fully completed and the level of risk had not been assessed. There was a separate risk assessment in place for the person’s transfer from wheelchair when showering. However this had not been completed in detail and there was no evidence to show it had been reviewed since 10 January 2013. This meant we

were unable to establish a complete and accurate picture of this person’s current moving and handling needs and the care staff were not provided with appropriate information which reflected people’s current needs and provide care staff with up to date information to help them provide safe care.

Four people were supported with meals by their support workers. We looked at people’s dietary requirements, likes and dislikes and saw that 2 people required pureed meals to meet their nutritional needs had been assessed by the Speech and Language Team (SALT). The care records we looked at for these people did not reflect the advice and guidance given by the SALT team. No risk associated with eating, drinking and swallowing had been identified in support plans or risk assessments for support workers to follow. This meant that people may be at risk of receiving unsafe and inappropriate care because staff had not received appropriate and up-to-date information for them to carry out their role and responsibilities effectively.

We found seven people being supported in the community with no support plans or risk assessment in place. The registered manager confirmed this.

### **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

There was a recruitment and selection procedure in place. We looked at four staff recruitment files. All contained an application form, two written references from last employers, and a Disclosure and Barring Service check (DBS). A DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw evidence that staff members were not assigned any work until the appropriate clearance from the Disclosure and Barring Service had been received. Not all staff files contained copies of photographic evidence of the person. This meant that recruitment records did not contain sufficient, appropriate and required proof of the identity of people working in the service.

Our discussions with support staff, and relatives of people who used the service and our review of records showed that there was an insufficient level of staffing during lunch time. This meant the service could not provide people with a consistency of care or respond to people’s needs during this period. We were told by the registered manager that

## Is the service safe?

the reduction of staffing hours was due to the reduction of commissioning hours from the local authority. During the inspection the registered manager told us that she had made a referral to the Local Authority and an increase in hours over the lunch time period had been granted in order to meet the needs of the people. We visited the office again on the 10 November and noted the increase staffing hours had been deployed on the rota to provide sufficient staffing levels.

People were assessed prior to starting to use the service to determine the level of support they required with their medicines. We found this initial assessment was not translated into clear instructions to guide support workers about the level of support each person required with their medicines. For one person their risk assessment for medication had not been reviewed since 20 November 2014, but their medication prescribed had changed since then and the updated medication record had not been clearly documented. Therefore people were at risk of harm and subject to medicine errors from staff.

We reviewed a sample of three people's medicine administration records (MAR). These records showed us people didn't receive their medicines at the times they needed them and we found an absence of information and gaps on people's MAR sheets, which meant we were unable to confirm that these people had received their medicines as prescribed. It also meant that the provider could not be sure that people were protected against risks associated with unsafe administration of medicines. Therefore people were at risk of harm from medication not being given appropriately.

**This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Medication given covertly is the administration of any medical treatment to a person in a disguised form. This usually involves disguising medication by administering it

in food and drink. As a result, the individual is unknowingly taking medication. We asked the registered manager if the service were supporting any person taking covert medication; the manager told us that no one was receiving medication covertly.

We found a letter from a GP in one person's file date from 2004 to agree with 'Covert Medication'. We found no support plan in place for the prescribed covert medication or any reviews for the need of continued cover administration of medicines on a regular basis. The MAR chart did not indicate the medicine prescribed to be given covertly but support workers were seen giving medication covertly i.e. in their food. We looked at the care plan arrangements and found that there was no best interest meeting or a capacity assessment in place in order to maintain the person's rights. The person was therefore given medication in an unsafe manner, as no pharmacist was involved in giving the medication in the manner we saw and the individuals rights had not been upheld under the mental capacity act.

**This was a breach of Regulation 11 (1) (2) (3) (4) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff kept entrances and exits to the Supported Living Accommodation clear and secure. We found the communal bathrooms had been cleaned throughout the day. We saw colour coded mops and buckets and staff had a clear understanding of infection control and health and safety. Colour coded equipment was to be used only in specific identified areas, therefore helping to maintain good standards of cleaning and hygiene and reduce the possibility of cross contamination through inappropriate use of cleaning materials and equipment.

We saw staff wearing appropriate protective clothing such as aprons and gloves to prevent the risk of cross infection whilst carrying out their care duties.



# Is the service effective?

## Our findings

We found care records did not always contain detailed and complete information to ensure staff could effectively care for people. One person's care plan stated that 'care staff should support out of bed and support with personal care and breakfast, and assist to day centre Monday to Friday'. However, there were no instructions about how this should be done or if any specialist equipment was needed. The service was able to provide a daily activity records for this person but the support provided did not reflect the information documented within the care plan. The care plan had identified additional important information which included monitoring of stomach pains. There was no guidance for support workers to monitor for signs of stomach pain or what to do if they thought the person had stomach pain. There were no clear instructions for staff to follow when supporting this person and no information about how the service was monitoring this.

### **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Relatives told us they found that support workers had the necessary skills to do their work and felt confident they knew how they should support people. However, we saw evidence that new support workers on duty on the first day of our inspection had not completed any induction training. The registered manager told us that all new support workers had received induction training in all the essential areas of their work, this included shadowing existing staff until new support workers were fully competent. We saw that three support workers had not completed the provider's mandatory training in Safeguarding adults and children, first aid, food hygiene, manual handling, health and safety and medication training. There was also no evidence that any induction had been completed or any evidence to show they had any training prior to working with vulnerable people. This meant support workers were not provided with appropriate training to carry out their role and safeguard vulnerable people.

All support workers were expected to complete a refresher course every year in accordance with Heathbank Support Services training policy. However, the registered manager provided a spreadsheet identifying the training records for all 21 support workers. We saw that that 16 support

workers had been employed by the service long enough to be required to complete the mandatory refresher course in Safeguarding Vulnerable People. Only 10 support workers had completed their medication training which was found to be out of date. We saw that three support workers who had not completed their medicines management training were second medication checkers when administering medication. Six support workers had not received any moving and handling training and 10 support workers required refresher training in this area. This meant that these staff had not received the appropriate training required for their role as identified as mandatory by the provider and that people may be at risk of receiving unsafe and inappropriate care because staff had not received the correct training and induction necessary for them to carry out their role and responsibilities effectively.

The registered manager told us some support workers had formal supervision meetings to discuss training and personal development needs. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. We looked at four support workers supervision records and saw that all four support workers had not received any form of supervision in the last year. This meant that people may be at risk of receiving unsafe and inappropriate care because staff had not received regular support necessary for them to carry out their role and responsibilities effectively.

### **This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

No recorded staff handover meetings took place at the beginning of each shift. This potentially risked information being missed for support workers coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Senior members of staff and several care workers had been trained in the Mental Capacity Act 2005 (MCA 2005), which 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

## Is the service effective?

possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any make of their behalf must be in their best 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection an authorisation for DoLS was in place for two people who used the service. Both people had been assessed appropriately. Urgent applications for DoLS had been made for another two people who used the service.

We asked support workers what they did to make sure people were in agreement with any care and treatment they provided. They were able to demonstrate a basic understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). We spoke with care staff about people's capacity to agree to their care. They had a good knowledge of the people they supported and their capacity to make minimal decisions.

Support workers told us most health care appointments were co-ordinated by them or their relatives. We saw evidence that support workers made referrals to healthcare services where they felt this was appropriate and worked with other health and social care professionals to ensure joint partnership working. For example, we saw care staff had noted a decline in one person's health so had contacted their General Practitioner to arrange an appointment for them.

We noted on the day of Inspection support workers did not ask any of the people their choice of meal or chose from

the menu set out by a relative. We asked one person what his favourite drink was and he told us he liked to have a glass of his favourite milkshakes every night before going to bed. We looked at his nutritional support plan and found his favourite foods had not been noted in his support plan and no documentation of his favourite drinks. However staff told us they always offered a choice of milkshakes every evening.

### **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Support workers told us most health care appointments were co-ordinated by them or their relatives. We saw evidence that support workers made referrals to healthcare services where they felt this was appropriate and worked with other health and social care professionals to ensure joint partnership working. For example, we saw care staff had noted a decline in one person's health so had contacted their General Practitioner to arrange an appointment for them.

Support workers were aware of the protocols to follow in response to medical emergencies or changes to people's health and well-being.

We saw no evidence of health action plans being completed or recorded information of health professional's involvement with people. Health actions plans should identify the specific health needs of a person using the service and any risks identified should those health needs not be appropriately maintained and met, for example, by the involvement of other healthcare professionals such as a speech and language therapist or a physiotherapist.

# Is the service caring?

## Our findings

We asked people who use the service and their relatives how involved they were in making decisions about their care of their relatives. One relative told us; “I feel involved, even though I’ve not attended any care reviews but support workers will always ring me if there is a problem or if they are worried about anything.” Some care records showed relatives were involved in developing care plans. However, as care records were not always complete and up to date it was difficult to establish an accurate view of how involved people were. Some relatives told us they had never attended a review of their family members care. Whilst others described how they had not attended a care review for some time. One person told us; “I don’t feel particularly involved. But I know she’s well looked after”.

Throughout the inspection we observed support staff caring, and respecting people’s privacy and dignity. We saw support workers showing warmth and friendship to people who could communicate and to people who could not vocalise through touch in a sensitive manner. This helped to make sure people’s well-being was promoted.

Two of the people we spoke with told us care staff treated them with respect and gave examples of how support workers helped to maintain their privacy and dignity when providing support.

People we spoke with told us that support workers provided them with choices. One person said; “Staff are good and treat me well.” A relative told us “Support workers really respect [person] the staff are really marvellous.” One person had an advocate as their appointee who told us “I get involved with the home and told everything, but I would like to get involved in the care planning”

Support workers demonstrated they were knowledgeable about the people they supported and their families. Support workers told us that, because they knew people well, they were able to recognise changes in their behaviour that indicated they were unwell, even if the person couldn’t verbalise.

None of the care plans detailed any recorded information on promoting dignity and respect. We saw no information within people’s care records to prompt staff about how they could help people to retain their independence.

We noted that visitors were welcomed into the home at any time. People who used the service could choose to receive their visitors in communal areas or in the privacy of their own room.

# Is the service responsive?

## Our findings

The five care plans we looked at included limited information about people's personal preferences. We asked two people being supported about their lives, one person said, "The staff respect me." Another person said, "The support workers help me." A relative told us, "My son has only been at Heathbank for six months and he's really settled in well. They take him out a lot, he's been to Coronation Street, they take him out for meals, and support workers are all very nice."

We found a lack of person centred information within all care records we reviewed. For example, no initial assessment forms had been completed. There were no documents such as health assessments, medical history, and details of personal preferences, life history and cultural and religious beliefs recorded. Through not completing these assessment new support workers were not provided with sufficient information to ensure they could provide people with responsive and person centred care. The support workers we spoke with who had worked at the home for a considerable length of time demonstrated a good understanding of the people they supported. However, lack of information meant they could not always develop in-depth knowledge of the people they supported. The lack of information contained within care records risked that support workers would not be able to provide people with care and support which reflected their personal needs and preferences.

The local authority provided the service with individual service plans which detailed what support people required and when this was needed. The weekly logs developed by the service did not always match the person's individual service plan. In most cases we were able to establish that people's needs had changed and the service had not included a copy of the most up to date individual care plan within the person's care file.

### **This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that for those people who had care plans these were not reviewed annually in accordance with the service's policy or updated when necessary to reflect people's changing needs and any recurring difficulties. There was no evidence to show people who used the

service or their representatives were involved in these reviews. However one relative told us they were involved in the care plan, but there was no evidence to suggest that this had happened or if they had any input in developing the care plan.

We looked at one person's weight monitoring chart and we could see this was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. We saw when necessary advice was sought from the doctor and dietician by support workers.

On the day of Inspection some people were sitting in the lounge and we noted that support workers were making an effort to chat to people but we did not see any activities taking place. The registered manager acknowledged that activities were not recorded in individual care plans but in the communication log. They told us that they intended this information would be transferred to care plans.

A copy of the complaint's procedure was displayed in the main office and included in the service user guide. This procedure told people how to complain, who to complain to and response timescales. The registered manager had investigated no complaints in the last year and told us if there were any concerns they would resolve an issue before it escalated.

The registered manager confirmed that they had not arranged any resident meetings in over a year. However they told us they regularly spoke with people on an individual basis and with their relatives. The lack of formal opportunities for people to provide feedback on the service they received and to comment on service developments meant there was a risk people's views would not be listened to or acted upon.

We asked relatives if they were consulted about how they thought the service was being provided and about the support being received from Heathbank. One relative told us "I have no complaints; I'm more than pleased for what they do for my [relative], he looks a picture of health."

We spoke with the registered manager about how they asked for feedback from the people who used the service. They explained that surveys were sent to people who used the service and their relatives every six months. We reviewed the results of the last survey from 30 March 2015. All comments people made about staff and the support they received was positive. For example, one person said; "Support workers [name] goes above and beyond for their

## Is the service responsive?

relative's needs." Another relative said; "I find staff are very good, and you can speak to them about anything that troubles you." All eleven surveys returned gave excellent feedback.

# Is the service well-led?

## Our findings

One relative we spoke with told us; “Support workers are really good, the problem is with management, they can be awkward with the support worker which has an effect on how they feel and morale is low.” However another relative told us “I’m part of the committee and I have no concerns about how this place is run.”

The service had a manager in place who was registered with the Care Quality Commission (CQC).

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. A support worker told us “I can go to my manager. She has resolved issues I have had in the past, and I feel well supported.”

We found that Senior Managers of the service did not have the systems and processes in place to assure themselves that where management responsibilities had been delegated, those responsibilities were being actioned and the service was being well-led.

We saw that policies and procedures for the effective management of the service had not been reviewed since 2013. These included, infection control, medicines management, health and safety, fire safety, complaints, disciplinary and grievance procedures, management of accidents and incidents and safeguarding. It was of concern that issues identified during our inspection demonstrated that some of these policies and procedures were not being followed, for example the training policy and supervision policy. The purpose of a policy or health care procedure is to provide processes and systems to support the daily running of the home. Therefore staff can be clear about their duties when they are involved with all aspects of people’s healthcare and wellbeing. The lack of up to date and current policies and procedures that are critical to health and safety, legislation and regulatory requirements may place people at risk of receiving unsafe and inappropriate care.

We asked the registered manager to tell us about the quality assurance systems in place in the service. They told us they had recently had a quality monitoring visit from the local authority contract monitoring team but had yet to action any points identified on the action plan. We advised the registered manager that a copy of the quality assurance

report had been shared with the CQC. As a result of the report we were aware that several areas had been identified as requiring action to be taken in order for the service to meet the requirements by the local authority.

We asked the registered manager about their own internal systems for monitoring and reviewing the service so that areas of improvement were identified and addressed. The Registered Manager told us there were a number of health and safety audits which had been delegated to specific staff members to complete.

When we looked at these audits we found they were lacking in detail and did not provide evidence of robust checks to ensure health and safety requirements were met, including the prevention and control of infection in the service.

The registered manager told us they were also not completing any audits in relation to the administration of medicines in the service or any formal care plan audits; although they told us they would regularly check that care plans had been completed. However, our findings from the inspection showed no care plan audits had been completed.

No checks were being carried on support workers whilst delivering support. This meant there was not a consistent and effective system in place to monitor the competence of care staff and the quality of care people received.

We asked to see care plan audits undertaken by the registered manager and we saw no evidence to say care plans were evaluated to make sure they were up to date.

We asked the registered manager if there had been learning from incidents at the home to improve the overall service. We looked at the three incident records and noted that the registered manager was unable to describe her actions or unaware of any improvements to practice that was needed.

We found inadequate quality assurance systems and processes in place to ensure the delivery of high quality care. We identified concerns with a number of aspects of service delivery including; the management of medicines, incomplete and ineffective care records and an absence of a person centred approach to care planning and delivery, which effective quality assurance systems and processes would identify.

## Is the service well-led?

### **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Support worker meetings were held so support workers were kept up to date with any changes and issues that might affect the running of the service or the care and support people received. These recorded meetings were held quarterly but information recorded was limited and lacked detail. There was no discussion on safeguarding and whistleblowing, or training for support workers.

We spoke with the registered manager about how they asked for feedback from the people who used the service. They explained that surveys were sent to people who used the service and their relatives every six months. We reviewed the results of the last survey from the 30 March 2015. All comments people made about staff and the support they received was positive. For example, one person said; “Support workers [name] goes above and

beyond for their relative’s needs.” Another relative said; “I find staff are very good, and you can speak to them about anything that troubles you.” All eleven surveys returned gave excellent feedback.

The registered manager confirmed that they had not arranged any resident meetings in over a year. However they told us they regularly spoke with people on an individual basis and with their relatives. The lack of formal opportunities for people to provide feedback on the service they received and to comment on service developments meant there was a risk people’s views would not be listened to or acted upon.

We asked relatives if they were consulted about how they thought the service was being provided and about the support being received from Heathbank. One relative told us “I have no complaints; I’m more than pleased for what they do for my [relative], he looks a picture of health.”



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure the service;</p> <p>Assessed monitored and improved the quality and safety of the service provided.</p> <p>Assessed monitored and mitigated risks relating to the health, safety and welfare of people who used the service and others.</p> <p>Maintained securely and accurate, complete and contemporaneous records for each person, including a record of the care and treatment provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users because medicines were not managed safely and where responsibility for care was shared with other providers care planning was not always coordinated to ensure the health, safety and welfare of people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>



This section is primarily information for the provider

## Action we have told the provider to take

People who use the service were at risk of receiving inadequate care because an Insufficient numbers of suitably qualified, competent, skilled and experienced staff were not on duty.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment must be appropriate, meet their needs, and reflect their preferences

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Need for Consent. Covert medication was being given without a best interest meeting or consent.