

Ashberry Healthcare Limited

Heathercroft Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 7 and 8 August 2017.

Heathercroft Care Home was previously inspected in November and December 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

The home provides accommodation, personal and nursing care for up to 89 older people, some of whom have dementia care needs. The home is located in Woolston, a suburb of Warrington in Cheshire. The service is provided by Ashberry Healthcare limited. At the time of our inspection the service was accommodating 77 people.

Heathercroft Care Home is a purpose built, ground floor level home. One of the units within Heathercroft accommodates people in need of nursing or residential care. There is also another unit within Heathercroft for people living with dementia who have nursing needs. The home has a separate two storey extension named 'Ashberry House' which accommodates people living with dementia.

At the time of the inspection there was no registered manager at Heathercroft Care Home as the manager had resigned from post during June 2017. A new home manager had been appointed who was due to apply for registration with the CQC. 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.

During the inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to: person centred care; staffing and training; records and medicine management; need for consent and governance. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the registered person had not always notified the Commission of incidents or allegations of abuse. You can see what action we told the provider to take at the back of the full version of the report.

There were not always enough staff on duty to ensure people received appropriate levels of care and support.

The management of medicines was in need of review to ensure adequate protection from the risks associated with unsafe medicines management and safeguarding records and processes were in need of review to ensure the welfare of people using the service was fully protected.

We found that best interest decision making processes and associated records had not always been completed in accordance with the Mental Capacity Act.

Staff training and development was in need of review to verify and evidence that staff had completed all the necessary training relevant to the work they are required to undertake.

People using the service did not always receive personalised care and support that was responsive to their needs and ensured they were treated with dignity and respect.

Care plan records, risk assessments and supporting documentation were in need of review to ensure the information recorded was up-to-date. Furthermore, governance systems and processes to ensure the quality of the service delivered required attention.

People using the service had access to a choice of menu and received wholesome and nutritious meals that were well presented and took into consideration each person's dietary needs.

Records showed that people also had access to a range of health care professionals subject to individual need.

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 safe.

People were not adequately protected from the risks associated with unsafe medicines management.

Staffing levels were not always sufficient to ensure people received appropriate levels of care and support.

Safeguarding records and processes were in need of review to ensure the welfare of people using the service was fully protected.

Requires Improvement ●

Is the service effective?

The service was not always effective

The principles of the Mental Capacity Act had not always been adhered to in respect of best interest decision making processes.

Staff training and development was in need of review to verify that staff had completed all the necessary training relevant to the work they are required to undertake.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People did not always receive appropriate care and support to preserve their dignity and wellbeing.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Systems for managing and responding to complaints were in need of review to evidence that all complaints are recorded, investigated and acted upon.

Care plan records, risk assessments and supporting documentation were in need of review to ensure the information recorded was up-to-date and contained all necessary information to assist in the delivery of responsive person centred care.

Is the service well-led?

The service was not always well led.

The home did not have a manager in post who was registered with the CQC.

Leadership and governance arrangements were not robust as systems and processes to assess, monitor and improve the quality and safety of the service provided were ineffective.

Requires Improvement 

Heathercroft Care Home

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 was 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 7 and 8 August 2017 and was unannounced.

The inspection was undertaken by one inspection manager, three adult social care inspectors, a pharmacist inspector and one 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, in this case of older people requiring residential or nursing care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and Clinical Commissioning Group to provide us with any information they held about Heathercroft Care Home. We took any information they provided into account.

During the inspection we talked with the director of care and quality; home manager; assistant manager; clinical lead; a team leader; a senior care assistant; five care assistants; an activity coordinator; a cook; a maintenance person and three agency care staff.

We also spoke with 14 people who used the service, eight relatives and a visiting health care professional.

We undertook a Short Observational Framework for Inspection (SOFI) during an evening meal. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: five care plans; five staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Heathercroft Care Home to be safe.

We received mixed feedback regarding the safety of the service. For example, some people reported: "Yes very safe, I have my walker"; "It was a good decision [Relative] coming here. It's much safer for him"; "[Relative] was falling all the time but not now"; "It's lovely here, [Relative] loves it now"; "I do get my medicines on time yes" and ""My tablets come regular".

Conversely, other people stated: "There is not enough staff on duty to look after people appropriately" and "The only thing is, I know when I need my paracetamol for pain. The staff are sometimes late with it".

One person also told us that they did not feel their relative was safe due to the recent change of opening up the corridor between two units. The units housed people living with dementia and displaying behaviours that may challenge and these changes led to incidents such as people urinating and defecating in their relative's room, and people getting in their bed. Another relative expressed the same concerns as they had witnessed an altercation between people using services which required staff to intervene.

Staff also expressed concerns about the unit doors being opened. They said when they were told that the changes were happening, they had concerns for people leaving what was the secure area as they would not have time to look for them and that they were concerned that there was no risk assessment in place regarding this course of action.

At the time of our inspection there were 77 people being accommodated at Heathercroft Care Home who required different levels of care and support.

The service employed a home manager, deputy manager and a clinical lead on a full time basis who worked flexibly subject to the needs of the service. Ancillary staff were also employed for activities; administration; domestic; laundry; catering and maintenance tasks.

The director of care and quality informed us that the home had a significant number of staff vacancies which had not been addressed by the previous manager. We were informed that adverts had been sent out to fill vacancies for two night nurses; two night team leader posts and six care assistants. We noted that the head chef and the person responsible for maintenance were also due to leave.

We checked staff rotas with the home manager in order to review the numbers of staff on duty and noted that basic staffing levels were being maintained despite the above vacancies. The home manager informed the inspection team that that she had the authority to increase staffing subject to the changing needs of the people using the service.

Examination of records confirmed that the home had a dependency assessment framework and a tool was

in use to calculate dependency scores. The home manager reported that she was planning to introduce another established dependency assessment tool which was on trial in another home within the group.

However, we saw that staff were rushed and under pressure and there were insufficient staff to meet people's needs. People were observed with care needs that staff were unable to meet on all units. Concerns were raised by staff, families, people using service and the inspection team in this regard. We were told that although this had improved since the new manager was appointed, staffing levels remained insufficient and during this inspection staff were unable to answer call bells at times on all units.

Staff told us that they felt they were "Warehousing people" and "You are killing yourself on a twelve hour shift". We were told that there had been occasions on Heathercroft Unit when there were only one or two care assistants and that staff "had cried". Staff said that there were usually six health care assistants on Heathercroft, occasionally seven but this was still felt to be insufficient. On the first day of inspection there were five health care assistants "two permanent staff, two agency staff and one new starter". We were told that inadequate staffing levels had impacted upon staffs' ability to provide appropriate care and led to people banging cups for the toilet, getting up themselves when they were at high risk of falls and staff being unable to support with baths or showers. Staff told us that when they had raised concerns about staffing levels and that these had not been addressed. For example, they had "Begged the Director for more staff".

Relatives and people using services told us that: "There is not enough staff on duty to look after people appropriately"; "I have wash downs not baths or showers, they don't have time"; "If I ring the bell I have to wait. That's not good when you need the toilet"; "I was told by staff to stop ringing the buzzer all the time. We are busy" and "I was soaking wet in by bed for ages, it's not nice".

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to ensure that sufficient numbers of suitably qualified, competent and experienced persons were being deployed effectively.

We looked at how medicines were managed which included checking the Medicine Administration Record [MAR] charts for 29 people. Although we found some areas of good medicine management, we also found that the home's policies to support safe medicines handling were not consistently followed.

We observed part of the medicines rounds throughout the home. Photographs of service users were in place to assist with positive identification when administering medicines and staff completed the MAR chart at the time of administration to ensure their accuracy. Written individual information was in place to support decision making for 'when required' medicines and short term care plans described the use of antibiotics. Some medicines were required to be given at certain times such as "before food" however formal arrangements were not in place to ensure this always happened in practice.

The MAR charts were completed clearly however, five of the records we looked at showed that people had missed several doses of medication because there was none in stock to administer. We could see that staff were actively 'chasing up' the missing medication in two cases. However, contrary to the homes policy, incident reports were not made in order that they could be appropriately investigated, reported where necessary and any learning shared to reduce the risk of recurrence.

Three people's records indicated that staff administered their medicines covertly [hidden]. GP advice had been sought but contrary to the home's policy and current guidance [NICE: Managing Medicines in Care Homes] records of the decision making process had not been made to evidence how people's best interests were protected. We saw from one person's records that the GP had agreed that their medication was to be

crushed and administered covertly, however there was no evidence that a pharmacist had been contacted to seek confirmation that the medicines prescribed were suitable to be taken that way.

Topical applications such as barrier creams were applied by care staff when providing personal care. Body maps were in place detailing how the creams should be used but, contrary to the home's policy, there were no records for carers to sign to record cream application. This meant it was not possible to tell when the creams had been used. We also found that nurses did not record the site of medicine patch application to ensure that manufacturer's instructions were followed. The clinical lead advised that immediate action would be taken to put these in place.

Medicines including controlled drugs were stored correctly and fridge temperatures noted daily were within the correct limits. Regular medicines audits were completed but the home's medicines policies were not consistently followed and medicines incidents or errors were not always recorded in order that they could be appropriately investigated and any learning shared to reduce the risk of reoccurrence.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to ensure the proper and safe management of medicines.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding residents from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We asked to see records relating to safeguarding referrals for 2016 and 2017. We were unable to review those for 2016 as they had been archived and could not be located by the manager at the time of inspection. We saw that a file was retained for 2017. Two incidents were recorded on the referral index. The service is required to notify the Commission about any incidents of abuse however only one referral had been submitted. It was recorded that a notification had not been submitted as the referral came from an external source. There is a legal requirement for the service to submit a notification to the Commission regardless of whether the safeguarding referral came from an external source.

This is a breach of Regulation 18 (1) (e) of the Care Quality Commission (Registration) Regulations 2009 in that, the registered person had failed to notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user.

Training records viewed confirmed that 93% of the staff team had completed safeguarding training. Staff spoken with during our inspection demonstrated a satisfactory understanding of how to recognise and respond to suspicion or evidence of abuse to safeguard the welfare of vulnerable people.

We reviewed five staff files to ensure that safe recruitment practices were taking place. We could see that an application form was completed however the person's employment history was noted only in years therefore gaps in employment history may not always be identified and explored.

References were taken in order to assess the person's character and suitability for the role. We saw that for one person the start date on their application did not agree with that noted on the reference received however there was no evidence that this had been identified and followed up.

Records provided evidence that a check had been made with the Disclosure and Barring Service [DBS] prior to commencement of employment with the exception of one member of staff. The management team made arrangements for the employee to bring a copy of the DBS into Heathercroft so that we could verify that a check had been undertaken. A DBS check provides the employer with information about any criminal convictions or cautions and whether the person is barred from working with vulnerable adults or children. Information in this regard was securely stored.

We asked to see evidence that checks had been made regarding nurses' registration. Nurses are required to register with the Nursing and Midwifery Council [NMC] and are issued with a PIN to confirm they are appropriately registered. This information was not available at the time but was provided following the inspection.

Personal emergency evacuation plans (PEEPS) had been produced for people using the service and an emergency planning policy had been developed by the provider. We noted that the provider had also developed a business continuity plan template however the document had not been completed. A list of emergency contact numbers was in place for staff to reference in an emergency which had last been reviewed during July 2016. The plan viewed was not robust and did not provide satisfactory assurance that the diverse needs of the people using the service could be met in an emergency.

Accident and incident records reviewed contained detailed information although it was noted that some records had been allocated a reference number with no further information recorded. Information relating to falls was also recorded on a chart for additional monitoring of how many, where and when they occurred. Incidence of falls appeared to increase significantly in May with a total of 39 recorded versus 16 and 19 in February and July respectively. Audits were carried out each month and we saw evidence that themes and trends were identified with actions taken recorded. The service policy regarding accidents was available within the file for ease of reference.

The provider had developed an 'Infection outbreak management policy' for staff to reference and areas viewed during the inspection appeared clean. Staff were observed wearing personal protective equipment in line with infection prevention and control requirements and sanitisers, protective gloves and aprons were readily available in the corridors.

On the first day of this inspection a member of staff was observed cutting people's finger nails in the lounge. This practice posed a risk of spreading infection as the equipment used was not cleaned between individuals and also personal care tasks should be carried out with regard to individual's dignity and privacy. We raised this issue with the management team so that action could be taken to improve practice.

We also saw that one member of staff sat to support a person with their meal without wearing protective equipment however another staff member intervened discreetly providing the necessary equipment.

We noted that infection control audits were routinely undertaken as part of the home's quality assurance system. The last audit undertaken by an infection control nurse was completed in January 2017. The overall score was 88%. An action plan was developed in response to the recommendations made during the infection control audit to improve practice.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Heathercroft Care Home to be effective.

Comments received from people included: "I make my own decisions"; "The food is good" and "I can see the doctor if I want to. He comes every week. There are nurses here as well."

The provider had established a programme of staff training and development that was delivered to operational staff via a mix of face-to-face and e-learning.

We looked at the staff training matrix and spoke to staff during the inspection who confirmed they had accessed a range of training relevant to their roles and responsibilities. Training records showed that staff had access to a range of training such as induction, mandatory and National Vocational Qualification or Diploma in Health and Social Care qualifications at level 2 or 3.

The training matrix indicated that the majority of staff had completed all the necessary training for their roles with the exception of 'React to red' training. 'React to Red' training aims to teach health and social care professionals about the dangers of pressure ulcers, how potential risks can be identified and ways in which these injuries can be prevented.

We noted that systems were in place to monitor the outstanding training needs of staff and when refresher training was required. The matrix indicated that a number of staff were in need of refresher training or that training courses were due to expire. We noted that the provider had identified this issue as an action point on its quality improvement plan.

We asked the management team to provide us with information on the clinical training provided to nursing staff as the training matrix only provided details of automated external defibrillator (AED) and emergency aid training.

No clinical training records were made available to reference so we were unable to check whether nursing staff had completed up-to-date training in areas such as: cardiopulmonary resuscitation (CPR); venepuncture (the process of obtaining intravenous access usually for the purpose of obtaining a blood sample) and catheterisation (a medical procedure used to drain and collect urine from the bladder).

Prior to our inspection we contacted Warrington Clinical Commissioning Group for intelligence on the service and received a number of concerns regarding the standard of documentation of daily care by nurses; heavy reliance by the home's nurses on the enhanced care home support service and the management of end of life care.

This is a breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to provide evidence that persons employed in the

provision of the regulated activity had received appropriate training to enable them to carry out the duties they are employed to perform.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA 2005 and the associated DoLS with the management team.

Discussion with staff and examination of training records confirmed the majority of staff had completed training in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS.

We saw that some mental capacity assessments had been undertaken where necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The home manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation and people with a Lasting Power of Attorney (LPA) had also been recorded. A LPA is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future, or if you no longer want to make decisions for yourself.

However, we found examples where best interest decision making processes and associated records had not been completed. For example, three people's medication records indicated that staff administered their medicines covertly [hidden]. This is discussed further in the safe domain. GP advice had been sought but contrary to the home's policy and current guidance [Nice: Managing Medicines in Care Homes] records of the decision making process had not been made to evidence how people's best interests were protected. We saw from one person's records that the GP had agreed that their medication was to be crushed and administered covertly, however there was no evidence that a pharmacist had been contacted to seek confirmation that the medicines prescribed were suitable to be taken that way.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to act in accordance the Mental Capacity Act 2005 to safeguard people's best interests.

We undertook a tour of the home and noted that the environment of Heathercroft Care Home had been decorated to a good standard and that photograph boards, old time memorabilia, themes and road names such as Liverpool Road, Knutsford Road, and York Street had been used to help people identify their rooms and to orientate around the home. Likewise, we saw that people's rooms had been personalised and that people were encouraged to bring their personal possessions when they moved into the home.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. Staff were observed transporting people using wheelchairs however on two occasions

we saw that the posture belt [lap strap] was not being used.

We spoke with the cook on duty and looked at the kitchen. We saw that menu choices and information on the dietary needs and any known allergies of people using the service had been recorded so that catering staff were aware of people's needs.

The kitchen area appeared clean and well managed. The cook showed us how she recorded key information relevant to the operation of the kitchen to ensure a clear audit trail. We noted that the most recent food hygiene inspection was completed in March 2017. Heathercroft was awarded a rating of 5 stars which is the highest award that can be given.

A two week rolling menu plan was in operation at Heathercroft which was reviewed periodically. The menus offered an alternative choice of meal at each sitting. Additional options were also available upon request.

The home had a main dining and bar area in Heathercroft for people to use. At the time of our inspection another dining room was in the process of being developed for residents who were residing on the 'Ashcroft' unit in order to enhance their mealtime experience. People residing within Ashberry House were seen to eat their meals in dedicated dining bay areas which were located within each of the two lounges.

Dining areas offered a pleasant environment for people to socialise and eat their meals. Tables were appropriately equipped with tablecloths, napkins, flowers and condiments and cutlery subject to people's individual needs.

Menus were accessible and a pictorial menu board was in use to help people to understand the meal choices on offer.

We observed an evening time meal being served. People were seen to be asked what they wanted and if they didn't like the choices on offer were offered an alternative.

The food attractively presented and smelled appetising. People had a drink of their choice and additional refreshments and snacks were provided throughout the day. We noted that staff were not always attentive to the needs of people requiring support at mealtimes.

For example, we observed a service user struggling to eat a meal without appropriate support. This resulted in the person spilling a beaker full of tea and a plated meal all over themselves. We raised this observation with the director of care and quality so that action could be taken to address this issue.

Staff had developed effective working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; opticians; community psychiatric nurses; physiotherapists; dieticians; enhanced care home support team and chiropodists etc. subject to individual needs.

We noted that daily brief meetings known as '10 at 11' took place with heads of department and that staff undertook handovers at each shift to exchange key information. An annual schedule of meetings had also been developed which confirmed staff, people using the service and their relatives had the opportunity to

meet together to receive and share information.

Staff spoken with confirmed they had the opportunity to attend team meetings periodically and had received supervision and appraisal sessions. However, we viewed the supervision matrix which indicated that some supervisions were behind target. Again, we noted that the provider had identified this issue as an action point on its quality improvement plan.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Heathercroft Care Home to be caring. People told us that staff were very kind and were "lovely girls". They did say however that although the staff were good they were "too busy".

We received mixed feedback on the standard of care provided in the home. For example, one person told us "My [Relative] looks unkempt at times. I have spoken to staff. It improves but goes back. Staff say they have no time to do things properly. Staff do what they can I suppose". Another said "Can't grumble, I've not seen anything that says she isn't cared for".

Some people told us that they felt their privacy was respected "Staff are great. They always knock when they come in". However, one person felt that their relative's privacy had "gone down" recently which was linked to the opening up of the corridor doors between units. They said "My [Relative] has a right to some privacy and dignity" and said "No we don't feel listened to".

We noted that staff had received induction and on-going training to help them understand the needs of the people they cared for. Furthermore, staff informed us that they had been given opportunities to read care plans and attend daily handovers and meetings to ensure they were kept up-to-date on people's changing needs, expectations and support requirements.

During the two days of our inspection, we observed staff treating people with dignity and respect. Staff were seen to speak with people in a caring manner, showing kindness and people using the service appeared comfortable in their company.

However, we also observed that staff were not always attentive and responsive to the needs of the people living at Heathercroft Care Home and that people did not always receive appropriate levels of care and support. For example, on the first day of our inspection at 10.05 a.m. we observed a person asleep in their room with their breakfast [cheese on toast] and a drink of tea in front of them untouched. We saw this person again at 12.50 p.m., they were still asleep in the same position and their drink and toast remained untouched. When we reviewed this person's file we could see that they had been identified as being at risk of malnutrition.

Likewise, we also noticed that one person was shouting from their room and was distressed. The room was malodorous and very untidy. A member of staff confirmed that this person needed support to get up and that they were doing their best but there were "not enough of them", only two staff to support 29 people.

This is a breach of Regulation 9 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to provide appropriate care and treatment that met the needs of people using the service.

Staff spoken with felt that they provided caring and effective end of life care and were able to describe the

care they would provide in detail along with the use of prescribed medications. Staff said they had completed the 'Six Steps' training, a programme to enhance end of life care. Staff told us they had received good feedback from families regarding the end of life care experience both for their relative and themselves.

However, staff did raise concerns that the care they can provide was affected by inadequate staffing levels, the Clinical Commissioning Group had also raised concerns with the CQC in regard to end of life care.

Information about people who lived at Heathercroft Care Home was kept securely to ensure privacy and confidentiality. The provider had produced an information brochure with supporting documentation on the home which was available in reception for people to view.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Heathercroft Care Home to be responsive.

People expressed concerns regarding the responsiveness of the service and we received comments such as: "I have wash downs not baths or showers. They [the staff] don't have time"; "If I ring the bell I have to wait. That's no good when you need the toilet"; "The staff are busy all the time. Sometimes I think it's not worth asking for anything"; "Staff don't have time to talk to me they are too busy" and "I was told by staff to stop ringing the buzzer all the time. We are busy."

We looked at the records of five people living at Heathercroft Care Home. Files viewed contained a range of information such as: assessment documentation; care plan records and associated risk assessments.

Care plans viewed outlined each person's needs, details of the support required and personal objectives. A range of supporting documentation such as: key information; past medical history; dependency assessments; consent forms; health care notes and observation and communication records were also in place. Separate evaluation records were also in place which indicated that records had been kept under monthly review.

Risk assessments and records relating to wound and pressure care indicated that positional changes were not always taking place as required or that there were no charts in place to document these changes. For example one person had been assessed as needing two hourly pressure relief but records indicated this had not always taken place. Although their wound was now healed this person remained at high risk of developing pressure areas and a care plan noted that two hourly pressure relief was still required. We also found that records were not always being completed contemporaneously and raised an example with the director of care and quality so that action could be taken to address this issue.

Another person told us that they were in pain and needed support to turn. We reviewed the position charts available in their room and saw that these had been completed sporadically during the previous four weeks and there was no chart available for the current week. This person told us "I'm sore in my back living in bed all the time. I ask staff to turn me over, but they don't come back". The person was experiencing pain at the time therefore we pressed the nurse call button for assistance and noted that it took eleven minutes for a staff member to attend. Risk assessments and care plans were not being followed and people were left at increased risk of pressure damage.

A Universal Malnutrition Assessment Tool was used to monitor level of risk of malnutrition and weight loss however we saw that this was not always managed effectively or concerns addressed. For example, one person assessed as being at high risk should have been weighed on a weekly basis however this requirement had not been adhered to. In addition the chart noted a weight loss of 11.6 kilograms during a period of 16 days with no evidence that this was highlighted as a concern. The person's care plan was updated after this had been recorded but made no reference to the weight loss noting "care plan remains

effective".

We also noted that the service was not responsive to people's needs. For example, on the first day of our inspection at 10.05 a.m. we observed a person asleep in their room with their breakfast [cheese on toast] and a drink of tea in front of them untouched. We saw this person again at 12.50 p.m., they were still asleep in the same position and their drink and toast remained untouched. When we reviewed this person's file we could see that they had been identified as being at risk of malnutrition.

Prior to our inspection, CQC received information of concern from Warrington Clinical Commissioning Group regarding the poor standard of documentation within the home. We also noted that the home had received a complaint from a relative and another health care professional regarding the standard and accuracy of care documentation.

This is a breach of Regulations 12 and 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to maintain accurate records of the care and treatment provided to people. This may place the health and safety of vulnerable people at risk.

The registered provider had developed a 'Complaints policy' to provide guidance to people using the service and / or their representatives on how to raise a concern or complaint. Information on how to complain had also been included in a guide for residents.

The provider's 'complaints index' form indicated that there had been four complaints since January 2017. We requested the complaint records for 2016 also however these could not be located.

This is a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to maintain securely records necessary for the management of the regulated activity.

The complaints concerned a range of issues such as: the conduct of staff; medication management, failure to review, complete and / or maintain accurate care records and standard of personal care provided.

Details of each complaint together with the action taken had been logged on individual complaint analysis forms. Supporting documentation was also available for reference.

The provider employed two part-time activity coordinators at Heathercroft Care Home who were responsible for the development and provision of a range of activities for people using the service. We were informed that a further two activity coordinators were employed who were on maternity leave at the time of our inspection.

We asked to view the activity programme in order to ascertain the range of activities that had been provided for people using the service over a six month period. We were informed that a programme had not been produced and no summary records were available to enable the inspection team to gain an overview of the activities provided.

During our inspection, one of the activity coordinators produced a list of activities at our request that had been provided for people using the service for the period March to August 2017. Examples of the activities provided included: one to one sessions; outside entertainers; exercise to music; dancing; arts and crafts; card games; quizzes; dominoes; board games; cheese and wine parties; watching films; sing-a-long sessions;

paper reading; indoor games; reminiscence sessions; theme days; pamper sessions; cake decorating and visits to external garden centres.

During the first day of our inspection we observed a group of residents receiving nail care in a lounge area and attending a reminiscence session. We were also informed that two residents were supported on a one to one session.

On the second day of our inspection the activity staff told us that they had been asked to update the activity records by the management team. In the afternoon, the activity staff supported three people to visit a local garden centre.

People spoken with told us that that they had participated in activities and we received comments such as "We play dominoes, bingo, have quizzes that sort of thing" and "We went to a garden centre the other week. We get little bits like that."

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Heathercroft Care Home to be well led. No direct comments were received.

At the time of our inspection Heathercroft Care Home did not have a registered manager in place that was registered with the Care Quality Commission. The director of care and quality informed us that the registered manager had resigned from post during June 2017.

A new home manager had been appointed by the provider who had commenced employment during July 2017. The home manager informed us that she was in the process of applying for registration with the Care Quality Commission.

The home manager was present for the majority of the two days of our inspection and was supported by her line manager (the director of care and quality). The management team were seen to interact with people using the service and staff in a caring and supportive manner.

The provider had developed a quality assurance framework which was in the process of being updated at the time of our inspection. The process was based upon seeking the views of people who use the service or their representatives, staff and stakeholders.

The director of care and quality informed us that the senior management team of Ashberry Healthcare Limited held monthly meetings as part of its governance arrangements to maintain an overview of its operational remit.

Examination of minutes identified that the provider had identified a number of concerns regarding the operation of Heathercroft, including staffing and recruitment issues which had resulted in an increased use of agency staff. Action was being taken to recruit to vacant positions in order to reduce the dependency on agency staff. A basic 'quality improvement plan' had also been produced to record areas requiring action.

We noted that a quality assurance audit planner tool had been produced which outlined that a number of clinical and non-clinical audits were undertaken periodically including: medication; infection control; care plans; hand hygiene; falls and accidents and incidents.

The quality assurance process for Heathercroft Care Home involved seeking the views of a proportion of professionals, the people using the service or their representatives and staff periodically. We were informed that the provider was in the process of introducing four new quality assurance surveys from October 2017 and that the previous system had been discontinued from approximately April 2017.

We requested to view a copy of the last survey results for people using the service. Records indicated that seven out of a possible twenty-four people had responded. Overall, feedback received was positive. However, one of the respondents felt that the activities were not suitable for their abilities and interests.

We noted that people were also encouraged to share their feedback via the carehome.co.uk website and information on how to use this facility was displayed in the reception area of the home.

Meetings for people using the service and / or their relatives had also been coordinated throughout the year to ensure opportunities for people to receive information and share feedback.

The CQC has received on-going information of concern from the local authority and Warrington Clinical Commissioning Group since the last contract monitoring visit was completed. The concerns cover a range of issues such as: high use of agency staff; low staff morale; medication management; standard of care and treatment provided and care planning and supporting documentation.

Despite a range of auditing and monitoring systems being in place, it was evident that issues were not always effectively acted upon. For example, during our inspection we identified on-going concerns relating to: staffing levels and the delivery of care to people; failure to notify the Commission of incidents of abuse or allegations of abuse and poor record keeping. The above highlights that effective systems and processes had not been established or operated effectively to assess, monitor and improve the quality and safety of the service provided.

This is a breach of Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. Furthermore, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk from the carrying on of the regulated activity.

We checked a number of test and / or maintenance records with the home's maintenance person relating to: the electrical wiring; fire alarm system; fire extinguishers; gas safety; water cleaning and chlorination; portable appliances; passenger lift and hoisting equipment and found all to be in order.

A 'residents guide' had been produced to provide current and prospective service users with key information on the provider and service. The document was located in the reception area of the home for people to view and included a statement of purpose and other information relevant to Heathercroft Care Home such as the philosophy of care; overview of the home; aims and objectives; admission policy; terms and conditions of accommodation; complaints procedure and organisational structure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered person had failed to notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person had failed to provide appropriate care and treatment that met the needs of people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person had failed to act in accordance with the Mental Capacity Act 2005 to safeguard people's best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Treatment of disease, disorder or injury

Sufficient numbers of suitably qualified, competent, skills and experienced persons were not being deployed effectively. Furthermore, the registered person had failed to provide evidence that persons employed in the provision of the regulated activity had received appropriate training to enable them to carry out the duties they are employed to perform

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to maintain securely records necessary for the management of the regulated activity. Furthermore, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk from the carrying on of the regulated activity.

The enforcement action we took:

We served a warning notice under Section 29 of the Health and Social Care Act 2008. We told the provider that they were required to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31st January 2018.