Assured Care Services Limited

The Heathers

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Heathers is a residential care home providing accommodation and personal care to up to 25 people with a range of care needs, including dementia, in one adapted building. At the time of our inspection there were 23 people using the service.

People's experience of using this service and what we found
Some aspects of the home required improvement. These related to the storage and disposal of medicines, and record keeping. The issues found, and written about in the Well Led section of the full report, did not have any direct impact on people or put them at risk of unsafe care.

People felt safe living at The Heathers. One person said, "I'm very well looked after, and the meals are very nice". They were supported by staff who had received training and understood how to protect people from the risk of abuse or harm. People's risks had been identified, assessed and were managed by staff according to information contained in care plans. In the main, medicines were managed safely. There were sufficient numbers of staff on duty to ensure people's care and support needs were met in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to be involved in the management of the home. Residents' meetings enabled people to air their views and provide feedback, which was acted upon. One person told us they knew the home manager well and added, "I see her most days".

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

Rating at last inspection
The last rating for this service was good (published 30 July 2019).

Why we inspected
This inspection was prompted in part due to concerns received about the management and care people received at the home. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We discussed the concerns with the home manager and provider, and during the inspection found no evidence that people were at risk of harm.

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

the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Heathers

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

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

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we received from the provider over the past 12 months and information about some concerns raised by people who contacted us. We used all this information to plan our inspection.

During the inspection
We we spoke with 5 people and 4 relatives about their experience of the service. We spoke with the home manager, who was responsible for the day to day running of the service, management support and administrator, an external consultant who undertook regular audits of the home, and 2 care staff. We also spoke with members of the senior management team of the provider, including the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 4 care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some aspects of medicines management were in need of improvement. We have written further about medicines in the Well Led section of this report.
- We observed a member of staff giving people their medicines at lunchtime. The staff member was competent in the way this was completed, sanitised their hands between each medicine being given, and waited patiently with people to ensure they swallowed their medicines. Care staff were trained in the administration of medicines.
- Medicines were ordered for people in a timely manner.
- The medicines room was kept in good order. Medicines were stored securely in a trolley or in a cabinet affixed to the wall. The temperature of the medicines room was recorded and found to be within safe limits.
- Medication administration records were kept electronically and this ensured people received their medicines safely and provided an effective audit.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to make specific decisions had been assessed as required. However, a DoLS application should have been completed for one person after they had been assessed as lacking capacity to consent to care and treatment. We have written about this further in the Well Led section of this report.
- Where people had appointed others to act on their behalf for decisions relating to health and welfare or property and finances, copies of lasting power of attorney forms were kept on file.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- A relative said, "Dad is safer here than he was at home. I have no worries of him being unsafe here".

Another relative told us, "I feel my Mum is safe here. She had lots of falls before she came to live here and she seems a bit steadier now. Staff encourage her to walk around".
● People had call bells to hand when they stayed in their bedrooms.
● Staff completed safeguarding training. One member of care staff explained their understanding and said, "It's the measures put in place by the care settings to protect the residents from neglect or abuse as much as possible. We try and encourage people's independence, but try and make things safe for them".

Assessing risk, safety monitoring and management
● People's risks, including environmental risks, were identified, assessed and managed safely.
● Care plans included risk assessments in relation to a range of areas such as mobility and falls, skin integrity, and nutrition. For example, one person was cared for in bed and had very limited mobility. A falls mattress was provided in case they rolled out of bed; this would reduce the risk of potential injury. In addition, records confirmed this person was repositioned at three hourly intervals during the day and four hourly at night, to prevent the risk of pressure damage.
● When incidents occurred, such as people sustaining a fall, these were reported and investigated; measures were taken to prevent reoccurrence.
● In the event of the building needing to be evacuated, each person had a personal emergency evacuation plan. This provided information for staff on what steps to take to support people safely.

Staffing and recruitment
● Staffing levels were sufficient to meet people's care and support needs and we observed this on the days we inspected.
● People felt there were enough staff on duty and told us staff came promptly when they rang their call bells. A relative said, "Dad has never said he has to wait, and I think he would. There always seems plenty of staff around".
● Staff said they were happy with staffing levels. One staff member said, "I think there are enough staff. When staff are sick or on holiday, it can be short, but we cover as much as possible. [Named home manager] helps out when she can. In the last two months things have improved".
● Staff were recruited safely. Records relating to recruitment included completed application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative said, "They are always cleaning and it is very homely here".
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Visitors to the home were asked to complete a lateral flow device test, although this was not mandatory,

and not required under current government guidance. The majority of relatives tended to telephone the home before they arrived, and were encouraged to visit with people in their bedrooms. The home manager said, "Relatives will usually ring before visiting, but sometimes 1 or 2 come at once. We try and accommodate everyone, but visitors are not encouraged to walk around the home".

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● The home manager provided an example of when one person had made sexual advances to another; this was some time ago. Relatives were informed, risk assessments undertaken, and staff discussed the concerns and looked at the provider's policies relating to this type of concern. Staff completed positive behaviour support training.

● Any issues were used as a learning exercise and enabled staff to reflect on their practices and what could be done differently to prevent similar events from occurring.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Some aspects of the way medicines were managed were in need of improvement.
- When we arrived to inspect the home, the door to the medicines room had been left wide open. The door to the trolley was also open, which meant anyone had access to medicines as they were not stored securely. The door was only open for a few minutes. Information about people's medicines was held on a laptop, which was also open. We drew this to the attention of the provider and home manager. The home manager had gone to their office to answer the phone and had inadvertently left the medicines room door open. No harm had come to people as no-one was in the vicinity when the issue occurred. We were assured by the provider and home manager this would not happen again and that this was an isolated incident. In the future, if the phone rang when the home manager was giving people their medicines, then another member of staff would answer it.
- An ointment for one person was opened in November 2022, and had an expiry date of February 2023. The ointment was in the medicines trolley and should have been disposed of since it was out of date. Staff assured us the ointment was no longer needed and was therefore not in use. They put the ointment aside for safe disposal.
- One medicine required secure storage and management according to guidance contained in the Misuse of Drugs Act 1971, but had not been recorded in line with this legislation. The home manager told us this medicine had been wrongly prescribed by a GP, had not been opened, and was to be disposed of. Nevertheless, the medicine should have been recorded and disposed of safely, but it was not. The home manager later put the medicine aside, to be returned to the pharmacy.
- A capacity assessment had been completed for one person and this identified they were unable to consent to care and treatment. In accordance with the requirements of the Mental Capacity Act 2005, authorisation for Deprivation of Liberty Safeguards should have been applied for from the local authority for this person, but this had not been done. The home manager and provider agreed a DoLS was needed and assured us the relevant application would be completed and sent to the local authority.
- Audits relating to various aspects of the home such as infection control and the environment, had been completed by an external consultant contracted by the provider. We spoke with the consultant who advised that any areas for improvement were highlighted to the provider, who could then take the appropriate action. Although we asked for a copy of some audits, these were not received. Daily audits of medicines were provided electronically and showed people received their medicines as prescribed. Care plans were reviewed and updated monthly, or when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People received personalised care that met their needs and preferences. One person said, "I love it here, it's my home. This place is wonderful and I wouldn't want to be anywhere else. If you have a problem it's solved". A relative told us, "They've been great here, really good, and [named home manager] is fantastic. At first Mum hated it, but staff have been very understanding and they have won her around. One of the staff paints her nails; she's very happy here".

● Monthly residents' meetings enabled people to share their views and make suggestions about the menu, redecoration of the home, activities, and relationships with each other and staff. These meetings were documented and actions taken as a result.

● People's diverse needs were acknowledged and catered for. For example, one person was very hard of hearing, so their television was adjusted so subtitles were shown for them to read. People's religious and spiritual needs were recorded in their care plans. Two people went to church on Sundays and were accompanied by staff.

● Staff felt supported by the home manager and senior management team. One staff member said, "We are just a few people and we know each other well. It's not a big company. The residents are really nice and kind and a lot of them appreciate what we do; they thank us. You can have a good chat with people". Another staff member told us, "I enjoy it. If I didn't like it, I would leave. We work as a team. We care about all residents in all aspects, and I feel supported".

● The home manager felt supported by the provider who was the registered manager. They said, "I talk to him [provider] regularly and he visits the home too".

● Notifications that the provider/registered manager was required to send to CQC had been received in line with regulatory requirements.

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

● The home manager demonstrated their understanding of duty of candour and explained, "Transparency, person-centred, open and honest. For example, with one of our residents after an incident, I spoke to her, explained what would happen and spoke to her son. Everything was recorded. We also reported the incident to the safeguarding hub and the police".

● Notifications that were needed in order for the provider to meet requirements under duty of candour had been completed appropriately and received by CQC

Working in partnership with others

● The home worked in partnership with a range of stakeholders such as the local authority contracts and commissioning teams.

● Healthcare professionals such as GPs had regular contact with the home. A GP called every weekend for a virtual ward round, and also undertook visits in person.

● When people had a particular healthcare requirement, referrals were made to specialists such as occupational therapists. Multi-disciplinary meetings were organised and attended by a range of health and social care professionals, so people received holistic care and support.

● The home manager was a member of a local managers' forum and accessed social media to contact other home managers for ideas and support.